


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003135 (8)

1. Corporation Name
WORLDWIDE CONCEPTS IN SIGHT, INC.



Principal Place of Business 1842 SE FIRST ST. DEERFIELD BEACH FL 33441	Mailing Address 1842 SE FIRST ST. DEERFIELD BEACH FL 33441-4528
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3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report None
4. FEI Number 58-2154316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 11211 Lakeview Dr	2a. Mailing Address 26 934 N. University Dr
Suite, Apt. #, etc. 22 Ste 208	Suite, Apt. #, etc. 27 Ste 208
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip 24 33071	Country 25 USA
Zip 29 33071	Country 30 USA

9. Name and Address of Current Registered Agent

GOLDENBERG, PETER
1842 SE FIRST ST.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name Peter Goldenberg
82 Street Address (P.O. Box Number is Not Acceptable) 934 N. University Dr., Ste 208
83
84 City CORAL SPRINGS
85 Zip Code FL 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peter Goldenberg DATE: 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME GOLDENBERG, PETER	
STREET ADDRESS 1842 SE FIRST ST.	
CITY - ST - ZIP DEERFIELD BEACH FL 33441	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME LAMPERELLI, KABLEN	
STREET ADDRESS 1842 SE FIRST ST.	
CITY - ST - ZIP DEERFIELD BEACH FL 33441	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME ANDERSEN, JON L	
STREET ADDRESS 303 PEACHTREE ST., NE, STE. 4300	
CITY - ST - ZIP ATLANTA GA 30308	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Peter Goldenberg	
1.3 STREET ADDRESS 934 N. University Dr Ste 208	
1.4 CITY - ST - ZIP CORAL SPRINGS, FL 33071	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an attachment with an address.

SIGNATURE: Peter Goldenberg DATE: 4/29/97 DAYTIME PHONE #: 954-753-2527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)