

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F96000006191 (8)**

1. Corporation Name

WORLD TEAM ASSOCIATES, INC.



| | |
|--|--|
| Principal Place of Business PO BOX 3035 SEMINOLE FL 33775-3035 | Mailing Address PO BOX 3035 SEMINOLE FL 33775-3035 |
|--|--|

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 11/26/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

| | |
|------------------------|------------------------|
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
|------------------------|------------------------|

| | |
|-----------------|-----------------|
| 22 City & State | 27 City & State |
|-----------------|-----------------|

| | | | |
|--------|------------|--------|------------|
| 23 Zip | 25 Country | 28 Zip | 30 Country |
|--------|------------|--------|------------|

| | |
|------------------------------------|--|
| 4. FEI Number 36-3633107 | 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 |
|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOUNARD, DEAN
10271 MYRTLE OAK LANE
SEMINOLE FL 33777**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CHOUNARD, DEAN | |
| STREET ADDRESS | 10271 MYRTLE OAK LANE | |
| CITY-ST-ZIP | SEMINOLE FL 33777 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | IRMEGER, CLAYTON | |
| STREET ADDRESS | 109 S. BONE | |
| CITY-ST-ZIP | NORMAL IL 61761 | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HAUTER, EDWARD | |
| STREET ADDRESS | 29583 ALLENTOWN RD. | |
| CITY-ST-ZIP | MACKINAW IL 61755 | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, BARNEY | |
| STREET ADDRESS | 695 CARSON DR. | |
| CITY-ST-ZIP | LEBANON OH 45036 | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-97

813-581-9999

CR2E037 (9/96)