

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 29 1998 8:00am  
Secretary of State

DOCUMENT # **F96000006191 (8)**  
1. Corporation Name

**WORLD TEAM ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

PO BOX 3035  
SEMINOLE FL 33775-3035

PO BOX 3035  
SEMINOLE FL 33775-3035

3. Date Incorporated or Qualified

**11/26/1996**

4. FEI Number

**36-3633107**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHOUNARD, DEAN  
STREET ADDRESS 10271 MYRTLE OAK LANE  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE V  
NAME IRMEGER, CLAYTON  
STREET ADDRESS 109 S. BONE  
CITY-ST-ZIP NORMAL IL 61761

TITLE ST  
NAME HAUTER, EDWARD  
STREET ADDRESS 29583 ALLENTOWN RD.  
CITY-ST-ZIP MACKINAW IL 61755

TITLE D  
NAME WRIGHT, BARNEY  
STREET ADDRESS 695 CARSON DR.  
CITY-ST-ZIP LEBANON OH 45036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 REQUIRED

**DEAN CHOUNARD President**

**1/15/98 (813) 581-9999**

CR2E037 (10/97)