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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## 

**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90054 041 \*\*\*150.00

DOCUMENT # F96000006568

WORLDWIDE SHORE SERVICES INC.

Principal Place of Business 300 ELLIOTT AVE W. SEATTLE WA 98119

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 300 ELLIOTT AVE W. SEATTLE WA 98119

2a. Mailing Address

Suite, Apt. #, etc.

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27

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/16/1996 4. FEI Number

91-1741335

22		27				ree Rec	quireu .
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	ntry	8. This corporation owes the current year In	itangible	·
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
				or outcom			
				83			
			-	84 City	بمائد و الإفراد الراب ال	• 95 Zin C	ode www.
			ļ	84 City	19 19 19 19 19 19 19 19 19 19 19 19 19 1	85 Zip C	Heralu" _
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the ab	ove-named o	orporation submits this statement for the purpose of	it chanding its i	euistereu
office or i	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida, Such change was	s authorized	by the corpora	ation's board of directors. I hereby accept the appoint	intrnent as reg	usiereo
, ,	an idiniidi witi, and accept the oblige						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Registered /	Agent signature req	uired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PDCE	☐ DELETE	1.1 TITI	.E.		Change	☐ Addition
NAME	LANTERMAN, A K		. 1.2 NA	ME			
STREET ADDRESS	300 ELLIOTT AVE W.		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	SEATTLE WA 98119		1.4 CIT	Y-ST-ZIP		40	
TITLE	V	☐ DELETE	2.1 TITU	LE		☐ Change	☐ Addition
NAME	BARR, GORDON		2.2 NAJ	WE			
STREET ADDRESS			2.3 STF	REET ADDRESS			
CITY-ST-ZIP	SEATTLE WA 98119		2. 4 CIT	ry-st-zip			
TITLE	VTSD	☐ DELETE	3.1 TITI	LE		☐ Change	☐ Addition
NAME	CALKINS, LARRY		3.2 NA	ME			
STREET ADDRESS	444 ELLIOTT 415 144		3.3 STI	REET ADDRESS			
CITY-ST-ZIP	SEATTLE WA 98119		3.4. CI	TY-ST-ZIP	-	<u> </u>	
TITLE	VSD	☐ DELETE				☐ Change	☐ Addition
NAME	GRAUSZ, DANIEL S		4 2 NA	ME	•		
STREET ADDRESS	AND FILLIOTT AND INC		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	SEATTLE WA 98119			Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	<del></del>		☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		DELETE	6.1 TIT	LE		☐ Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STI	REET ADDRESS			
CITY-ST-ZIP	1		6.4 CIT	Y-ST-ZIP			
. UltrairAM	The state of the s						

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address with all other like empowered.

SIGNATURE: