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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1. Corporation  | MENT # <b>G20861</b><br>D WORLD, INC.  | (2)  |  |  |  |
|---|--|--|--|--|--|
| Principal Place of Business 4602 NORTH FEDERAL HWY, LIGHTHOUSE POINT FL 33064 |  | Mailing Address<br>4802 NORTH FEDERAL HWY.<br>LIGHTHOUSE POINT FL 33064-6511 |  | T HORSTAY DOING LADAY GENER SENING DINEN (LOL CYBAY BIRK) BIRKY BIRKY BARKY (1891)   |  |
|   |  |  |  | <ol> <li>Date Incorporated or Qualified</li> <li>01/28/1983</li> </ol>   | 3a. Date of Last Report 05/01/1996       |
| 2. Principal Pi<br>21   | ace of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For                              |
| Suite, Apt  | #, etc   | Suite. Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional                        |
| City & State  | )  | City & State   |  | 6. Election Campaign Financing   | Fee Required<br>\$5.00 May Be            |
| 23  |  | 28   |  | Trust Fund Contribution  | Added to Fees                            |
| Ζ(ρ)<br><b>24</b>   | Country 25   |  | Country 30   |  | Yes 💹 No                                 |
| GAU   | <ol> <li>Name and Address of Current I<br/>DIOSI, JOHN P.</li> </ol>   | теритетел крепт  | 81 Name  | 10. Name and Address of New Reg  | Istered Agent                            |
| 3801  | NO. FEDERAL HWY.   |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptable  | Q)                                       |
| РОМ   | PANO BCH. FL 33064   |  | 83   | TI pu is   | <b>&gt;</b> (                            |
|   |  |  | 84 City  | W40004   | 85 Zip Code                              |
| 11 Pursuant   | o the provisions of Sections 607 0502  | and 607 1508 Florida Statute   | 11/7   | MANAC  poration submits this statement for the pu  | FL                                       |
|   |  | 11 (11   | uthorized by the corpora<br>rida batutes.            | poration submits this statement for the pation's board of directors. I hereby acceptions   | the appointment as registered            |
| SIGNATURE   | JUGH LGAWTAL  Signarur typed or printed name of registered agent is  |  | Registered Agent signature requ                      |  | DATE ( 7                                 |
| <b>12.</b><br>Titlf   | MPS OFFICERS AND   | DIRECTORS  DELETE  | 13.  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12  Change Addition |
| NAME  | GANTER, JOY J  |  | 1.2 NAME   |  | •  |
| STREET ADDRESS  | 7012 NW 78 ST  |  | 1.3 STREET ADDRESS                                   |  |  |
| CITY ST-ZIP   | TAMARAC, FL 00000<br>VP  | DELETE   | 1.4 CITY-ST-ZIP<br>2.1 TITLE                         |  | Change Addition                          |
| NAME  | HUGH, GANTEN   | Bread T W  | 22 NAME  | GANTER, HUGH   |  |
| STREFT ADDRESS  | 7012 NW 78TH ST.   |  | 2 3 STREET ADDRESS                                   | , ,,,,   |  |
| CHY-ST-ZIP<br>THLE  | TAMARAC FL 33321   | DELETE   | 2. 4 CITY - ST - ZIP<br>3.1 TITLE                    |  | Change Addition                          |
| NAME  |  | hand Distant   | 3.2 NAME   |  |  |
| STREET ADDRESS  |  |  | 3 3 STREET ADDRESS                                   |  |  |
| City-ST-7iP   |  | ☐ DELETE   | 3.4. CITY-ST-ZIP                                     |  | Change Addition                          |
| THUE<br>NAME  |  | □ offer  | 4.1 TITLE<br>4.2 NAME                                |  | Fil ruguds Fil Wootton                   |
| STREET ADDRESS  |  |  | 4.3 STREET ADDRESS                                   |  |  |
| Chy St zin  |  |  | 4.4 CITY-SY-ZIP                                      |  |  |
| THE   |  | DELETE   | 51 TITLE   |  | ☐ Change ☐ Addition                      |
| NAME  |  |  | 5.2 NAME   | •  |  |
| STREET ADDRESS  |  |  | 5.3 STREET ADDRESS                                   |  |  |
| CITY - \$1 - 20   | and the second s | DELETE   | 5.4 CITY-ST-ZIP<br>6.1 TITLE                         |  | Change Addition                          |
| N4ME  |  | <del></del>  | 6.2 NAME   |  | <del>.</del> —                           |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS                                   |  |  |
| City - S1 - ZiP   |  |  | 6.4 CITY-ST-ZIP                                      |  |  |
| informatio<br>Lam an of   | indicated on this annual report or sur   | oplemental annual report is tr<br>ne receiver or trustee empowe              | ue and accurate and the<br>ered to execute this repo | d in Section 119.07(3)(i), Florida Statutes<br>it my signature shall have the same legal<br>ort as required by Chapter 607, Florida Si | effect as if made under oath; the        |

SIGNATURE:

SIGNATURE AND APPLO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28.97

Daylime Phone #

FILED

May 08 1997 8:00am

Secretary of State