


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H43943 1. Corporation Name WORLD INTERNATIONAL CORP			
Principal Place of Business 2111 Drew Street P. O. Box 4989 Clearwater, FL 34618-1989		Mailing Address 2111 Drew Street P. O. Box 4989 Clearwater, FL 34618-1989	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/19/85	02/20/1995
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. City & State	28. City & State	59-2675284	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Roberts, MELANIE 3510 Magnolia Ridge Circle Unit 507 Palm Harbor, FL 34684		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 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: <i>Melanie Roberts</i> DATE: <i>apr 7/97</i> <small>(NOTE: Registered Agent's signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input checked="" type="checkbox"/> DELETE NAME: FORD, Michael STREET ADDRESS: P. O. Box 25825 CITY, ST, ZIP: Tampa, FL 33622		1.1 TITLE: D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: RENDE, Frank 1.3 STREET ADDRESS: P. O. BOX 15125 (N/A) 1.4 CITY-ST-ZIP: Clearwater, FL 34629	
TITLE: V/D <input checked="" type="checkbox"/> DELETE NAME: ROBERTS, MELANIE STREET ADDRESS: 3510 Magnolia Ridge Circle #507 CITY, ST, ZIP: Palm Harbor, FL 34684		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:	
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, the undersigned, 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 on an attachment with an address.			
SIGNATURE: <i>Frank Rende</i> - FRANK RENDE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>APRIL 7/97</i> Daytime Phone:	

CR2E034 (9/96)