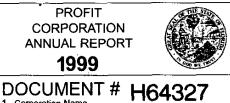
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90041 050 ***150.00

WORLD UNIVERSAL PRODUCTS, INC. Mailing Address Principal Place of Business 13180 N CLEVELAND AVE 13180 N CLEVELAND AVE STE 235 STF 235 DO NOT WRITE IN THIS SPACE NO FT MYERS FL 33903 NO FT MYERS FL 33903 3. Date Incorporated or Qualifed 06/25/1985 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business P.O. BOX 4389 59-2728261 Not Applicable 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. -5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing NORTH FORT MYERS Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible 33918 4.5 A Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FIDLER, CAROL 82 Street Address (P.O. Box Number is Not Acceptable) 13180 N CLEVELAND AVE STE 235 83 NO FT MYERS FL 33903 Zip Code 84 City 85 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE Change TITLE FIDLER: RODNEY A 12 NAME NAME 13180 N'CLEVELAND AVE STE 235 1.3 STREET ADDRESS STREET ADDRESS NO FT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE FIDLER, CAROL 2.2 NAME NAME 13180 N: CLEVELAND AVE., STE. 235 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP -NO FORT MYERS FL 2.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

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)(1), 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, with all other like empowered.

6.4 CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)