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APPROVED AND FILED

95 APR 21 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # J08454 (7)

1. Corporation Name
WORLD PLAZA DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address

**7370 COLLEGE PKWY
STE 210
FT MYERS FL 33907
US**

**PO BOX 07307
P.O. BOX 07307 (33910)
FT MYERS FL 33919
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

04/09/1986 **05/01/1994**

4. FEI Number Applied For

59-2711864 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**TERMOTO, ROBERT J
7370 COLLEGE PKWY
STE 210
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMERNIK, IRENE | 1.2 NAME | |
| STREET ADDRESS | PO BOX 07307 NA | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL | 1.4 CITY - ST - ZIP | |
| TITLE | VCD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSTELO, LUIS | 2.2 NAME | |
| STREET ADDRESS | PO BOX 07307 NA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL | 2.4 CITY - ST - ZIP | |
| TITLE | CDP | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOBAR, URBANO | 3.2 NAME | |
| STREET ADDRESS | PO BOX 07307 NA | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL | 3.4 CITY - ST - ZIP | |
| TITLE | VST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TERMOTTO, ROBERT J. | 4.2 NAME | |
| STREET ADDRESS | 7370 COLLEGE PKWY STE 210 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL | 4.4 CITY - ST - ZIP | |
| TITLE | VAB | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUGEN, HERMAN | 5.2 NAME | |
| STREET ADDRESS | 1057 NEW BRITANNY BLVD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this form, 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. (An attachment with an address.

SIGNATURE: *Robert J. Termotto* Date: **4/4/95** (813) 936-3336

Signature and Title of Signing Officer or Director Title (Type Here)

Robert J. Termotto