FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J79636** **(3)**

1. Corporation Name

WORLD VILLAGE, INC.

Principal Place of Business

13351 STATE ROAD 535
P.O. BOX 22362
ORLANDO FL 32821

Mailing Address

13351 STATE ROAD 535
P.O. BOX 22362
ORLANDO FL 32821

3. Date Incorporated Or Qualified: **06/24/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2820993** ☐ Applied For ☐ 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 filed, or is filing, a tangible tax return under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HENSON, TERRY W.
13351 STATE ROAD 535
ORLANDO FL 32821

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 Section 617.0502, 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. Section 617.0502, Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	QUINN, JOHN	
STREET ADDRESS	13351 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	LANDWIRTH, HENRI	
STREET ADDRESS	13351 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSTM	☐ DELETE
NAME	WHAPLES, TERRY	
STREET ADDRESS	13351 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	GLENN, JOHN H., JR.	
STREET ADDRESS	13351 STATE ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	VM	☒ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	ST	☐ Change ☒ Addition
5 NAME	CASSARA, MICHAEL D., JR.	
5 STREET ADDRESS	13351 STATE ROAD 535	
5 CITY-ST-ZIP	ORLANDO FL	
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added, from the prior report.

SIGNATURE: _____ 4/24/96 407-239-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)