## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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|--|------|---|----|---|
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SIGNATURE:

DOCUMENT #

K50273



| WORLD REAL ESTATE, INC.  Principal Place of Business Mailing Address  1918 HARRISON ST. SUITE 103 SUITE 103 |  |   |                              |         |                                  |  |             |               |                               |
|---|--|---|------------------------------|---------|----------------------------------|--|-------------|---------------|-------------------------------|
| HOLLYWOO  | D FL 33020   | HOLLYWOOD FL 33   | 9020                         |         |                                  | 3. Date Incorporated or Qualified  | I           | of Last       | •                             |
| - D: :- I D:  | (D)  | 14-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4                          |                              |         |                                  | 12/09/1988<br>4. FEI Number  | L           | <u>04/28/</u> |                               |
| 2. Principa! Pla<br>21  | ace of Business  | 2a. Mailing Address   |                              |         |                                  | 65-0092433   |             |               | Applied For<br>Not Applicable |
| Suite, Apt. #   | #. etc.  |   | Suite, Apt. #, etc.          |         | \$8.75 A                         |  |             | 5 Additional  |                               |
| 22  | .,   | 27  | •                            |         |                                  | 5. Certificate of Status Desired   |             |               | Required                      |
| City & State  |  | City & State  | ity & State                  |         |                                  | 6. Election Campaign Financing   |             | \$5.          | 00 May Be                     |
| 23  |  | 28  |                              |         |                                  | Trust Fund Contribution  |             | Add           | ed to Fees                    |
| Zip   | Country  | Zip   | <b>├</b> ──                  | ıntry   |                                  | 8. This corporation has liability for in   |             | ax under      | s 199.032,                    |
| 24  | 25 Nome and Address of Curren  | 29  | 30                           | _       |                                  | Florida Statutes Yes  10. Name and Address of New R                                | No<br>No    | Agent         |                               |
|   | 9. Name and Address of Currer  | r redisteren Wägilf   |                              | 81      | Name                             | IV. Hame and Address of New N  | Aioreian    | -April        |                               |
| ADMA  | n papent u   |   |                              |         |                                  |  |             |               |                               |
|   | .d, robert H.<br>'Arragut st   |   |                              | 82      | Street Addre                     | ss (P.O. Box Number is Not Acceptable  | e)          |               |                               |
|   | WOOD FL 33021  |   |                              | 83      |                                  |  |             |               |                               |
| HOLLI   | 1100011 00021  |   |                              |         | 6.4                              |  |             | 11            | 3 - 0                         |
|   |  |   |                              | 84      | City                             |  | FL          | .  85  4      | Zip Code                      |
| or registere familiar with SIGNATURE.   | ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Sect | da. Such change was author<br>ion 607.0505, Florida Statute       | ized by the disc.            | corpo   | arned corpora<br>oration's board | tion submits this statement for the purp<br>of directors. I hereby accept the appo | intment as  | registere     | ad agent. I am                |
|   | Signature, typed or printed name of registered agent                               |   |                              | Agent   | signature required               |  | DATE        | DIDEO:        | ODO IN 40                     |
| 12.   | OFFICERS AN  | D DIRECTORS DELETE  | 13.                          | ITLE    |                                  | ADDITIONS/CHANGES TO OFFI  |             | DIRECT Change |                               |
| NAME  | ARNOLD, ROBERT H.  | [] v  | 1.2 N                        |         |                                  |  |             |               |                               |
| STREET ADDRESS  | 5610 FARRAGUT ST   |   |                              |         | ADDRESS                          |  |             |               |                               |
| CITY-S1-ZIP   | HOLLYWOOD FL   |   |                              | ITY-SI  |                                  |  |             |               |                               |
| TITLE   |  | DELETE  | 2.11                         |         |                                  |  | 1           | Change        | Addition                      |
| NAME  |  |   | 2 2 N                        | AME     |                                  |  |             |               |                               |
| STREET ADDRESS  |  |   | 2.3 S                        | TREET A | address                          |  |             |               |                               |
| CITY-ST-ZIP   |  |   | 240                          | ITY-ST  | - ZIP                            |  |             |               |                               |
| TITLE   |  | ☐ DELETE  | 3.17                         |         |                                  |  | [           | Change        | Addition                      |
| NAME  |  |   | 3 2 N                        |         |                                  |  |             |               |                               |
| STREET ADDRESS  |  |   | - 1                          |         | ADDRESS                          |  |             |               |                               |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE  | 3.4 C<br>4. 1 T              | ITY-ST  | · ZIP                            |  |             | Change        | Addition                      |
| NAME  | •  | [ Decemb  | 4. 1 3<br>4.2 N              |         |                                  |  | ı           | onange        | L Addition                    |
| STREET ADDRESS  |  |   |                              |         | ADDRESS                          |  |             |               |                               |
| CITY-ST-ZIP   |  |   |                              | ity-St  |                                  |  |             |               |                               |
| TITLE   |  | ☐ DELETE  | 5.1 T                        |         |                                  |  | 1           | Change        | ☐ Addition                    |
| NAME  |  |   | 5.2 N                        | AME     |                                  |  |             |               |                               |
| STREET ADDRESS  |  |   | 5.3 S                        | TREET A | ADDRESS                          |  |             |               |                               |
| CITY-ST-ZIP   |  |   | 5.4 C                        | ity-\$t | - ZIP                            |  |             |               |                               |
| TITLE   |  | ☐ DELETE  | 6.1 T                        | ITLE    |                                  |  | [           | Change        | Addition                      |
| NAME  |  |   | 6.2 N                        | AME     |                                  |  |             |               |                               |
| STREET ADDRESS  |  |   | 635                          | TREET A | ADDRESS                          |  |             |               |                               |
| CITY-ST-ZIP   | u partiful that the information as a limit   | with this filing is valuator's 4                                  |                              | (TY-ST  |                                  | r the exemption stated in Section 119.0  | 17/21/L1 E1 | vida Ctal     | utae I furthar                |
| certify that<br>oath; that i  | the information indicated on this anni   | ual report or supplemental an<br>pration or the receiver or trust | inuat report i<br>tee empowe | is true | e and accurate                   | e and that my signature shall have the report as required by Chapter 607, Fig.     | same legal  | effect as     | if made under                 |