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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996 DIVISION OF CORPORATIONS						
DOCUN 1. Corporation		6 (4)					
	. LINE WORLDWIDE INC.						
***************************************	. Line workstride mo.					A BIRI DIAN BIAN BIBI	
Principa! Place o	of Business	Mailing Address			{		
1717 MAIN ST		1717 MAIN ST					
P.O. BOX 1303 P.O. BOX 13							
DUNEDIN FL 34698		DUNEDIN FL 34698		3. Date Incorporated or Qualified 01/08/1990	3a. Date of La 05/01		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-2983351		Applied For Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	*** · · · · · ·		Certificate of Status Desired		3.75 Additional
2		27					Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for		
4	25	29	30	, ,		s 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New I	registered Agen	ıt
SWOBODA, RUDOLF, G					reet Address (P.O. Box Number is Not Acceptable)		
% 3035 5	5TH AVE N				gress (F.O. BOX Number is NOT Neceptacie)		
SI PETE	RSBURG FL 33713			83			
				84 City		FL 85	Zip Code
or registere familiar with	o the provisions of Sections 607.05(ad agent, or both, in the State of Flo n, and accept the obligations of, Se	rida. Such change was author	ized by the d	ove-named corpor corporation's boa	ration submits this statement for the purific directors. I hereby accept the app	rpose of changing pointment as regis	g its registered office stered agent. I am
	Signature, typed or printed name of registered ago			Agent signature require		DATE	
IZ.	OFFICERS A	ND DIRECTORS	13.	TITLE TO THE	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
NAME	ZUMDIECK, MICHAEL J.		1.2 N			F7 0	ung, Koomon
STREET ADDRESS	5552 GREYSTONE STR		1.3 ST	TREET ADDRESS			
CITY - ST - ZIP	PALM HARBOR FL		1.4 C	ITY-ST-ZIP			
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AME			2.2 N/	ľ			
TREET ADDRESS			1	TREET ADDRESS			
ITLE		DELETE	311			☐ Ch	ang: Addition
IAME			3 2 N	AME			
STREET ADDRESS			3 3. S	TREET ADDRESS			
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TREET ADDRESS				TREET ADDRESS ITY-ST-ZIP			
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TREE I ADDRESS			535	TREET ADDRESS			
CITY - ST - ZIP				ITY-ST-ZIP		P44 =:	
ITLE		☐ DELETE	6 1 7			C) Ch	ange Addition
AME.			62 N				
STREET ADDRESS				FREET ADDRESS			
DITY-ST-ZIP 14. I do hereby	certify that the information supplier	d with this fiting is voluntarily fu	mished and	ITY-ST-ZIP does not qualify f	for the exemption stated in Section 119	3.07(3)(k), Florida /	Statutes. I further
14. I do hereby certify that oath; that I	certify that the information supplied the information indicated on this and am an officer or director of the con Block 12 or Block 13 if changed, o	inual report or supplemental an poration or the receiver or to st	mished and nual report i ee empowe	does not qualify f	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	I.07(3)(k), Florida 5 same legal effectorida Statutes; al	Statutes, I further it as if made undendend that my name

SIGNATURE: SIGNATURE OF BIOCK 13 of Changed, or OH an attachment with authorises.

4-18-96