## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

1. Corporation		<b>\</b>									
WORLD	) investment network, i	ING.									
Principal Place of Business Mailing Address							{	ningi <b>tit</b> i			IRII IRQI
% JOHN P. V 1208 U.S. HK NORTH PALM	Valsh Ghway One I Beach Fl 33408-0540	% JOHN P. WALSH 1208 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408-3502									
							3. Date Incorporated or Qualified 02/05/1990		Date of La 1/ <b>25/19</b> {		port
2. Principal f	Place of Business	ess 28. Mailing Address 26					4. FEI Number 65-0206725		<u> </u>	<del></del>	lied For Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1		75 Ac e Req	ditional
City & Sta	ete:	City & State					6. Election Campaign Financing Trust Fund Contribution				May Be
<b>23</b> Zip	Country	28 Zip	$\vdash$	Country			8. This corporation has liability for i	or intangible tax under s. 199.032,			
24	25 9. Name and Address of Curren	29	30	т-		<del></del>	Florida Statutes  10. Name and Address of New Re	_	D2No		
10//		r vedisteled Ydaur		81	Nam	<del></del>	10. Name and Address of New No	Jisioi ec	1 WAGILE		
	alsh, John P. 08 U.S. Highway one										
NORTH PALM BEACH FL 33408-0540				82	<u> </u>	t Addre	ss (P.O. Box Number is Not Acceptab	le) 			
				83	'						
				84	- 7			FI	L   '	Zio Co	
11. Pursuan office or agent 1	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the authori lorida S	abov zed b statute	re-name by the co es.	d corpo orporatio	pration submits this statement for the pon's board of directors. I hereby accept	urpose of the ap	of changing pointmen	ng its it as re	registered agistered
SIGNATURE	**	900	75 5				d when reinstating)	DATE	···		
12.	Signal en type a or printed name of registimed age OFFICERS ANI		ne Regist		gent signar	JER LECCULE	ADDITIONS/CHANGES TO OFFICE		ID DIREC	TORS	IN 12
TILE	DPS	DELETE		1 TITLE					☐ Char		Addition
NAME	WALSH, JOHN P.		13	2 NAME							
STREET ADDRESS	1208 U.S. HIGHWAY ONE		1:	3 STREE	T ADDRESS	;					
CITY - ST - ZIP	NORTH PALM BEACH FL			4 CITY -	ST-ZIP						
TITLE	DVT	☐ DELETE	2	1 TITLE					Char	nge	Addition
NAME	WALSH, DENIS		2.	2 NAME							
STREET ADORESS			2.	3 STREE	T ADDRESS	3					
CITY-ST ZIP	NORTH PALM BEACH FL				-ST-ZIP	<del> </del>					1
TITLE	V MONTEIDO MADIO IOUN	☐ DELETE		1 TITLE					Char	nge	Addition
NAMÉ	MONTEIRO, MARIO JOHN 1208 U.S. HIGHWAY ONE			2 NAME							
STREET ADDRESS	NORTH PALM BEACH FL		1		T ADDRESS	3					
C TY - ST ZIP	HORITI FALM DEAOLITE	DELETE	_	4. CITY- 1 TITLE	- \$T - ZIP				Char	nge	Addition
THILE		Las occur		. 2 NAM		-			LI Onlar	,go	L Addition
NAME STREET ADDRESS					t adores:						
CITY ST-ZIP	Ì			4 CITY-		<b>'</b>					!
THEF		DELETE		1 TITLE		1			Char	nge	Addition
NAME			5.	2 NAME							
STREET ADDRESS			5.	3 STREE	et addres:	s					
CHY+\$1-Z02			5.	4 CITY -	ST - ZIP						
THE		DELETE	6.	1 TITLE					Char	nge	Addition
NAME			6.	.2 name		)					,
STREET ADDRESS			6.	.3 STREE	ET ADDRES	s					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED** 

Mar 12 1997 8:00am

Secretary of State