

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12878 (8)

1. Corporation Name

OLD WORLD TRADING CORPORATION

Principal Place of Business

Mailing Address

0000 PALM BEACH BLVD.
FT. MYERS FL 33906

0000 PALM BEACH BLVD.
FT. MYERS FL 33906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/20/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 5893 ENTERPRISE PKWY.

26 5893 ENTERPRISE PKWY.

4. FEI Number

59-2508016

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 FT. MYERS FL

28 FT. MYERS FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

County

Zip

County

24 33905

29 33905

8. This corporation has liability for intangible tax under C. 100.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZEHETNER, PETER
1704 PARK MEADOWS RD #3
FT. MYERS FL 33912

81 Name

ZEHETNER, PETER

82 Street Address (P.O. Box Number is Not Acceptable)

5893 ENTERPRISE PARKWAY

83

SUITE B

84 City

FT. MYERS

FL

85 Zip Code

33905

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

Peter, PERS.

04/24/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ZEHEHNER, PETER
STREET ADDRESS 1704 PARK MEADOWS DR #3
CITY - ST - ZIP FT. MYERS FL

1 1 TITLE P
1 2 NAME ZEHEHNER, PETER
1 3 STREET ADDRESS 5893 ENTERPRISE PKWY, SUITE B
1 4 CITY - ST - ZIP FT. MYERS FL 33905

TITLE ST
NAME KING, MEL
STREET ADDRESS 1299 BILTMORE DR
CITY - ST - ZIP FT. MYERS FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

PETER ZEHEHNER

4/24/95

813 331-5310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER