

**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 # **M34378** (3)

1. Corporation Name  
**SMALL WORLD WEST, INC.**



Principal Place of Business: **C/O NATHANIEL J. ORR, 521 S. OLIVE AVE., WEST PALM BEACH FL 33401**  
Mailing Address: **C/O NATHANIEL J. ORR, 521 S. OLIVE AVE., WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **06/27/1986**  
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: **21 2890 S. Military Trail, Suite, Apt. #, etc.**  
2a. Mailing Address: **26 Suite, Apt. #, etc.**

**22 West Palm Beach, Fla.**  
City & State: **27 City & State**

**23 33415**  
Zip: **24 33415** Country: **25 Palm Beach**  
Zip: **29** Country: **30**

4. FEI Number: **59-2688676**  
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 liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ORR, NATHANIEL J., 521 S. OLIVE AVE., WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name: **Gregory S. Kino**  
82 Street Address (P.O. Box Number is Not Acceptable): **515 North Flagler Drive Suite 1700**  
83  
84 City: **West Palm Beach** FL 85 Zip Code: **33401**

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: *Gregory S. Kino* **Gregory S. Kino Director/Treasurer** **4/3/96** DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ORR, NATHANIEL J.	
STREET ADDRESS	2890 SO. MILITARY TRAIL	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ORR, NANCY	
STREET ADDRESS	2890 SO. MILITARY TRAIL	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DORA PIKOUNIS	
STREET ADDRESS	2890 SO. MILITARY TRAIL	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GREGORY KINO	
STREET ADDRESS	2890 SO. MILITARY TRAIL	
CITY - ST - ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DVP Dora P. Kino</b>
3.3 STREET ADDRESS	<b>2890 So. Military Trail</b>
3.4 CITY - ST - ZIP	<b>West Palm Beach FL 33415</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Nathaniel J. Orr* **4/3/96** (407)833-1661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day, Month & Phone #

CR2E034 (12/95)