FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 07 1997 8:00am
Secretary of State

DOCUMENT N96000000544

1. Corporation Name
World of Knowledge Foundation, Inc.

Principal Place of Business
120 University Park Drive
Suite 140
Winter Park, FL 32792

Mailing Address
P.O. Box 1824
Goldenrod, FL 32733

3. Date Incorporated or Qualified: 01/30/1996
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc: 22: 140
City & State: 23:
Zip: 24: Country: 25:

2a. Mailing Address
26: P O Box 1824
Suite, Apt. #, etc: 27:
City & State: 28: Goldenrod, FL
Zip: 29: 32733. Country: 30:

4. FEI Number: 65-0715728 ☐ 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

10. Name and Address of New Registered Agent
81 Name: Dennis P VECCIA
82 Street Address (P.O. Box Number is Not Acceptable): 120 University Park Drive
83: Suite 150
84 City: Winter Park FL 85 Zip Code: 32792

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ 5/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T LOTT, Lauri P O Box 1100 Goldenrod, FL 32733	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	2261 Chantilly Ter. Oviedo, FL 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S BAKER, Michele P O Box 821 Goldenrod, FL 32733	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	2428 Lake Vista Court # 304 Casselberry, FL 32707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P CHARANI, Ammar P O Box 1777 Goldenrod, FL 32733	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~D/P~~ ~~CHARANI, Samer~~ ~~P.O. Box 1752~~ ~~Goldenrod, FL 32733~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/P CHARANI, Samer 2428 Lake Vista Court # 304 Casselberry, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002232295 -07/08/97--01004--008 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or attachment with an address.

SIGNATURE: _____ Samer Charani 5/12/97 407.671.6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #