## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600005039 (0)

## WORLD EOD FOUNDATION, INC.

Principal Place of Business				Mailing Address					104         11     1	IAN BUNK BUKN DU	IDI BIHILI BELDU 1	(1)0 (0)( 160)
343 ALMERIA AVENUE CORAL GABLES FL 33134			SUI	C/O OSPREY USA. 1825 EYE STREET N.W. SUITE 400 WASHINGTON DC 20006					DO NOT WE  3. Date Incorporated or Qualifit  09/30/1996	ITE IN THIS	SPACE ate of Last R	eport
a Principal Di	age of Busine	200	1 2=	Mailing Add	race				4. FEI Number		Ar	polied For
2. Principal Place of Business			26	——————————————————————————————————————				i	65-0697150	)	<del></del>	t Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22			27						8. Othericate of otatoa Dealed		Fee Re	· · · · · · · · · · · · · · · · · · ·
City & State			<u> </u>	City & State					6. Election Campaign Financin	° 🗆	\$5.00	•
Zip Country			28	Zip Country				Trust Fund Contribution LJ Added to Fees  8. This corporation owes or has paid the current year Intergrible				
Zip 24	25		20	29 30			y	Personal Property Tax due June 30. Yes No				
g. Name and Address of Curren								10. Name and Address of New Registered Agent				
<u> </u>							Name	410	to partia (	10		
AMERILAWYER CHARTERED				· }			2 Street	Addres	se (P.O. Box Number is Not Acce	ptable)		
343 ALMERIA AVENUE				Į			1_3	53	SEVILLA AV			
CORAL G	ABLES FL	33134				83	3					
						84	1 7	Cor	AL GABLES	FL	.     2;	Code
11. Pursuant 1	to the provision	ons of Sections 617.0	0502 and 6	317.1508, Flori	ida Statutes	the abov	ve-named	corpor	ration submits this statement for t	he purpose o	f changing it	s registered
office or re agent, t a	eg <b>iste</b> red age m familiar wit	ent, or both, in the St is, and accept the ob	ate of Flori Jigglions o	ida. Such chai af, Section 617	nge was aut '.0503, Florid	lhorized t da Statute	by the corp es.	poration	n's board of directors. I hereby a	ccept the app	ointment as	registered
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 regist 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 registe agent, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE												
Signature 4,000 or printed name of registered agent and the il applicable. (NOTE: Re							gent signature	required	when refristating)	DAYE		0.114.40
12.		OFFICERS	AND DURE		ELETE	13.		1	ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR Change	RS IN 12
TITLE	PD	<b>4D A A</b>	/	LΙν	CLEIC	1.1 TITLE					ontarigo	regulation
NAME	NYE, DAV					1.2 NAME	: Et address					
STREET ADDRESS		eria avenue <u>Vables FL 33134</u>				1.4 CITY-						
CITY-\$1-ZIP TITLE	VD VD	MDLES FL SS 134			ELETE	21 TITLE		<del>                                     </del>			Change	Addition
NAME	COLDRIC	K MIKE		_		2.2 NAME						
STREET ADDRESS		ERIA AVENUE				2.3 STREE	ET ADDRESS					
CITY-ST-ZIP		ABLES FL 33134				2.4 CITY	-ST-ZIP					
TITLE	STD	<u> </u>			DELETE	3.1 TITLE					Change	Addition
NAME	WINKLEY	, JULIAN				3.2 NAME						
STREET ADDRESS		ERIA AVENUE				3.3 STRÉI	ET ADDRESS					
CITY-ST-ZIP	CORAL C	ABLES FL 33134				3.4. CITY					0	1.200
TITLE				L] (	DELETE	4.1 TITLE					Change	Addition
NAME						4. 2 NAM						
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CITY-ST-ZIP					DELETE	4.4 CiTY-		<del> </del>			Change	☐ Addition
TITLE				<b>-</b>	/LLL   L	5.1 TITLE 5.2 NAME					الهامات ي	
NAME OTOGET ADDOCCO						1	et address					
STREET ADDRESS						5.4 CITY						
CITY-\$T-ZIP TITLE					DELETE	6.1 TITLE		<del> </del>			Change	Addition
NAME						6.2 NAM					-	
STREET ADDRESS				1	1		et address					
CITY-ST-ZIP				. //	•	6.4 CITY						
	ny certify the	the information sun	olied with	his filing Wes	not qualify			tated i	n Section 119.07(3)(i), Florida St	atutes. I furthe	r certify that	the

I do hereby certify that the information supplied withhins filling the ernot quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplymental andur 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 eceiver 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, or given attachment with an address