

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24051 (5)

1. Corporation Name
WORLD CONNECTIONS, INC.

Principal Place of Business 17757 U.S. HWY. 19 N. STE. 400 CLEARWATER FL 34624 US	Mailing Address 17757 U.S. HWY. 19 N. STE. 400 CLEARWATER FL 34624 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1989

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number

52-1330753

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	CLAVEAU, J. GEORGE
STREET ADDRESS	8381 OLD COURTHOUSE ROAD SUITE 212
CITY-ST-ZIP	VIENNA VA
TITLE	VD
NAME	SOWERS, WILLIS B.
STREET ADDRESS	17757 US HWY 19 NORTH #400
CITY-ST-ZIP	CLEARWATER FL
TITLE	PD
NAME	HOARTY, THOMAS M.
STREET ADDRESS	8381 OLD COURTHOUSE ROAD #212
CITY-ST-ZIP	VIENNA VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	
1.3 STREET ADDRESS	8391 OLD COURTHOUSE RD. #100
1.4 CITY-ST-ZIP	
2.1 TITLE	VP FINANCE
2.2 NAME	KATHLEEN CORMIER
2.3 STREET ADDRESS	17757 US HWY 19 N, #400
2.4 CITY-ST-ZIP	CLEARWATER, FL 33764
3.1 TITLE	CORP. SECRETARY
3.2 NAME	MARIANNE BORDEN - MYERS
3.3 STREET ADDRESS	17757 US HWY 19 N. #400
3.4 CITY-ST-ZIP	CLEARWATER, FL 33764
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Kathleen A. Cormier

CR2E034 (10/97)