

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000006321 (2)**

1. Corporation Name

**WORLDWIDE TELECOMMUNICATIONS INC.**

Principal Place of Business

**3825 HENDERSON BLVD.  
FIRST FLOOR  
TAMPA FL 33629  
US**

Mailing Address

**P.O. BOX 320653  
TAMPA FL 33679  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/22/1993</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3160852</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEDIEGO, TIMOTHY S  
3825 HENDERSON BLVD. #201  
TAMPA FL 33629**

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>5</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELLIOTT, SHEILA T</b>			1.2 NAME	<b>Ellott, Sheila T.</b>		
STREET ADDRESS	<b>2405 W. PALM DR., UNIT 5</b>			1.3 STREET ADDRESS	<b>2405 W. Palm Dr., Unit 5</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			1.4 CITY-ST-ZIP	<b>Tampa, FL 33629</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEDIEGO, TIMOTHY S</b>			2.2 NAME			
STREET ADDRESS	<b>2403 W. PALM DR., UNIT 5</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVANS, DOROTHY</b>			3.2 NAME			
STREET ADDRESS	<b>610 DEL WAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEDIEGO, TONY</b>			4.2 NAME			
STREET ADDRESS	<b>952 BEVINGER DR.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRANDON FL 33511</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMPSON, JANE H</b>			5.2 NAME			
STREET ADDRESS	<b>2526 MARYLAND AVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL 33629</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

CR2E034 (10/97)