## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P93000015801 (2)

WORLE	D DYNAMICS, INC.				
Principal Place	of Business	Mailing Address		I IDBUIDAN IND ARTOR SINIT BONIN ROVIN DRINE OF	,
2582 N.W. 59TH ST. BOCA RATON FL 33496		2582 N.W. S9TH ST. BOCA RATON FL 33496			
				3. Date Incorporated or Qualified 3a. 03/02/1993	Date of Last Report 10/09/1995
	ace of Business	2a. Mailing Address	~ 4	4. FEI Number	Applied For
21 Cuito Apt	f. cto	26		65-0400185	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	~··	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	ble tax under s 199.032,
24	9. Name and Address of Curr	rent Registered Agent	30	Florida Statutes Yes N	
	5. Hallic alla Addiess of Carl	elit pediareten viteri	81 Name	10. Name and Address of New Registe	red Agent
ו דתתם	ONIATUAN)				
ROOT, JONATHAN 301 YAMATO RD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUITE 3			83		
	ATON FL 33431		1		
			84 City	1	FL 85 Zip Code
or register	o the provisions of Sections 607.05 ed agent, or both, in the State of Fla h, and accept the obligations of, Se	lorida. Such change was <b>a</b> uthori	ized by the corporation's bo	noration submits this statement for the purpose coard of directors. I hereby accept the appointmen	of changing its registered office nt as registered agent. I am
SIGNATURE	ny energia and a grant and a	20000 GC 10000,			
	Signature, typevil or printed hank, of registered ay		NOTE: Begistered Agent signature, requ	areal when re-instatisty. DA	HE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
THILE	P SAND MATAN	☐ DEFELE	1 1 TITLE		Change
NAME GEOGGE ADDODES OF	PODD, VICTOR I		1.2 NAME		
STREET ADDRESS	2582 NW 59TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33469 VP	DELETE	1.4 CITY-S1-7IP 2.1 TITLE		Change D Addition
NAME	PODD, STEPHEN	L. DECETE			☐ Change ☐ Addition
STREET ADDRESS	2582 NW 59TH ST.		2.2 NAME		
CITY-ST-ZIP	BOCA RATON FL 33469		2.3 STREET ADDRESS		
TITLE	BOOK RATOR I E GOTOS	DELETE	3 1 11/LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4 C/TY - ST - ZIF		
TITLE		DELETE	4 1 T-TLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-SI-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		···	5 4 CITY - ST - ZIF		
TITLE		☐ DELETE	E 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CITY - ST - ZIP			64 CITY ST-ZIP		
THE LOO DESERVE	vicertify that the information supplie	a traditor fine fillere recyclication is for	dileua tan saan nace paramit	vitovitna avennation etatud in Sacton 110 07/200	t Florido Ctotutos I fuebos

4. 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 chargied, or on an attachment with an address.

SIGNATURE:

PRESIDENT PATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 954.427.384C

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