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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| L Corporation Name # P930000 19602 (U | OCUMENT : | # P93000019602 | (0) |
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FILED May 19 1997 8:00am Secretary of State

| 1. Corporation Name DESTINYWORLD, INC. Principal Place of Business Mailing Address 2228 28TH ST. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713-4227 | | | | | | | | |
|--|--|----------------------------------|--|--|--|--------------------|-----------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 03/16/1993 | | of Last R | eport |
| Principal I | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| Control Acid | | 26 Suite Act # 619 | | | 59-3172874 | | | t Applicable |
| - Suite, Apt | i #, titt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A | Additional equired |
| L City & Sta | de | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| | | 28 | | | Trust Fund Contribution | | | to Fees |
| Ζιρ | Country | Zip | Coun | try | 8. This corporation has liability for | | | . 199.032, |
| 1 | . 25 | 29 | 30 | | | Yes 🗌 | | |
| | 9. Name and Address of Curre | nt Registered Agent | | Name | 10. Name and Address of New Re | gistered Ap | jent | |
| | OCO, RICHARD | | | Name | | | | |
| | 8 - 28TH STREET NORTH | | [8 | Street Add | dress (P.O. Box Number is Not Acceptat | ole) | | |
| 51. | PETERSBURG FL 33713 | | E | 3 | | | | |
| | | | L | | | | | |
| | | | [8 | City | | FL | 85 Zip | Code |
| | registered agent, or both, in the State am familiar with, and accept the oblig | gations of, Section 607.0505, F | lorida Statu | toe | | | | ,-8 |
| ignature. | Signature, typical or printed name of registered ag | gent and title if applicable (NO | | | ured when reinstating) | DATE | | |
| | Signifiance typical or printed name of registered as OFFICERS AN | ND DIRECTORS | | | | DATE CERS AND I | | |
| 2. | Signature Typed or profiled name of registered at OFFICERS AN | · | TE: Registered / | Agent signature requ | uired when reinstating) | DATE CERS AND I | DIRECTOR | |
| 2. LE MI | Signature Typed or printed reunic of registered at OFFICERS AN DP CUOCO, RICHARD | ND DIRECTORS | TE Registerad A 13. 1.1 TITL 1.2 NAN | Agent signature requ E | uired when reinstating) | DATE CERS AND I | | |
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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 oat a man 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 of Block 13 if changed or on an attachment with an address.

SIGNATURE:

0370169