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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000028281 (2)

WORLD UTILITIES, INC.

1.										
:Principal Place of Business Mailing Address							I 100111801 118 18180 11111 80111 00114 001	<b>           </b>	\$1(0 \11\$)  [	(E)
7886 MIRAMAR MIRAMAR FL 3			7666 Miramar PKY. Miramar Fl. 33023-5957							
							3. Date Incorporated or Qualified 04/16/1993		te of Last 1/1996	Report
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number			Applied For
21	26					65-0567590			Vot Applicable	
Suite, Apt.	27					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & S					Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees	
Zip 24	Country 25	Žip <b>29</b>	Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<del>3</del> - 1	9. Name and Address of Curr		ent	1221			10. Name and Address of New R	egistered A	Agent	
PAR	KE, NANCY			1	31	Name				
* 7666 MIDAMAD PKV					32	Stroot Addr	ess (P.O. Box Number is Not Accepta	bio)		
MIRAMAR FL 33023-5957						OHOET MOU	uss (F.O. Box Marriser is Not Accopia			
				[+	33					
4				la la	34	City			<b>85</b> Zij	Code
d'd Ourseal	to the proviolence of Continue CO7 (V	02 and C02 17 60	Florida Ptol	too the ab	_].		and to a should thin at the set for the	FL		ita oiologad
office or r	egistered agent, or both, in the Sta	te of Florida, Such	change was	authorized	bv	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	purpose or ept the app	changing pintment a	is registered
agent I a	m familiar with, and accept the obl	galions of, Section	i 607.0505, F	lorida Statu	tes	i.				
SIGNATURE	Signature, typed or printed name of registered a	ment and title if an dicular	e (NO	I k : Remstered	Ozier	nt signadure rengiz	ed when reinstailing)	DATE		
12.		ND DIRECTORS		13.	H		ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
TITLE	PSTD DE			1.1100	E				Change	
NAME	PARKE, NANCY			1.2 NAM	4ŀ					
STREET ADDRESS	7666 MIRAMAR PKY.			1.3 STR	(E1,	ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33023	· · · · · · · · · · · · · · · · · · ·	<del></del>	1.4 0(1)	/-SI	I - ZIP				
TITLE			DETETE	2.1 101	E	ļ			L Change	Addition
NAME				2.2 NAN			p <sup>2</sup>	:		
STREET ADDRESS						ADDRESS				
VCITY-ST-ZIP			DELLE	2. 4 CII		I - 7IP			1 1 0	T Addition
TITLE		l	L DELETE	3.1 1/11					Change	: Addition
NAME				3.2 NAN						}
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP TITLE			DELETE	3.4. CH 4.1 TH		11 - ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			L. Ditti	4.1 1110 4 2 NAI					L.J Ollange	, LJ ROOMON
STREET ADDRESS						ADDRESS				
OTY-ST-ZIP				4.4 Dit		1				
TITLE	***		DELETE	5.1 Vitt		1- ZIF			Change	Addition
NAME				5.2 NAM						
STREET ADDRESS				- 1		ADDRESS				
CITY-ST-ZIP				5.4 CIT						
TITLE	ry Qui		DELETÉ	6.1 ](1)					Change	Addition
NAME				G.2 NAM						
STREET ADORESS						ADDRESS				

6.4 CITY-ST-ZIP

1. I do 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 expression or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.