

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039306 (4)

1. Corporation Name

WORLDWIDE CONSULTANTS, INC.

Principal Place of Business

1000 SPANISH RIVER RD.
SUITE 3-C
BOCA RATON FL 33432

Mailing Address

1000 SPANISH RIVER RD.
SUITE 3-C
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1993

3a. Date of Last Report

10/31/1994

4. FEI Number

51-0009840-74-2737555

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 150 EAST PALMETTO PARK RD.

2a. Mailing Address

26 150 E. PALMETTO PARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 445

27 SUITE # 445

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip 33432

Country USA

Zip 33432

Country USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMAS, MARSHALL J ESQ.
100 NE THIRD AVENUE
STE. 1100
FORT LAUDERDALE FL 33301

01 Name

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

03

04 City

FL

05 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 of the current registered agent and his/her predecessor

NOTE: Predecessor Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FIVESON, GLORIA
1000 SPANISH RIVER RD., SUITE 3-C
BOCA RATON FL 33432

12 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

15 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

18 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

150 EAST PALMETTO PARK ROAD SUITE 445

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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:

Gloria B. Fiveson

Gloria B. FIVESON

2/23/95 (407) 447-9876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Press #