

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000043365 (4)**

1. Corporation Name

WORLD MARKETING ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~77 HARGROVE GRADE~~
~~PALM COAST FL 32137~~

~~77 HARGROVE GRADE~~
~~PALM COAST FL 32137~~

2. Principal Place of Business

21 **400 ROBERTS RD**

Suite, Apt. #, etc

22

City & State

23 **FLAGLER BEACH, FL**

Zip

24 **32136**

Country

25 **FLAGLER**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/10/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3186488

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

9. Name and Address of Current Registered Agent

PARKER, EDWARD
~~77 HARGROVE GRADE~~
~~PALM COAST FL 32137~~

400 ROBERTS RD
FLAGLER BEACH, FL
32136

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

TITLE **PSD** ☐ DELETE
NAME **PARKER, EDWARD**
STREET ADDRESS **77 HARGROVE GRADE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **400 ROBERTS RD**
14 CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/96 (904) 439-6000

CR2E034 (3/96)