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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 01, 1999 8:00 am  
Secretary of State

02-01-1999 90046 020 \*\*\*150.00

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1. Corporation Name

WORLDWIDE PROPERTIES OF AMERICA, INC.

Principal Place of Business

10353 FRUITVILLE RD.  
SARASOTA FL 34240-9263  
US

Mailing Address

PO BOX 3556  
SARASOTA FL 34230-3556  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1993

4. FEI Number  
65-0424646

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SMUCKER, DONALD W  
10353 FRUITVILLE RD.  
SARASOTA FL 34240

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 SD ☐ DELETE

NAME NORTON, JOHN W. (ESQ.)

STREET ADDRESS 401 NORTH CICERO

CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME SMUCKER, DONALD W. (ESQ)

STREET ADDRESS 10353 FRUITVILLE RD.

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME BRINKMANN, BURKHARD

STREET ADDRESS SEEFELDQUAI 17

CITY-ST-ZIP CH-8034 ZU

TITLE PD ☐ DELETE

NAME JACOBS, KLAUS J

STREET ADDRESS SEEFELD QUAL 67

CITY-ST-ZIP CH-8034 ZU, SWITZERLAND

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 (941) 377-1006

CR2E034 (11/98)

0470308