## 2005 FOR PROFIT CORPORATION

## FILED Mar 05, 2005 08:00 AM Secretary of State

ANNOAL NEI ON I_								
DOCUMENT # P  1. Entity Name WORLDWIDE PROPER								
Principal Place of Business 809 LONGBOAT CLUB ROAD LONGBOAT KEY, FL 34228	Mailing Address 809 LONGBOAT CLUB ROAD US LONGBOAT KEY, FL 34228	us '						
		, .						



## DO NOT WRITE IN THIS SPACE

02182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S5-0424646 Not Applied For Not Applied For S65-0424646 Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN, CHARLES R
4442 GARCIA AVE

SARASOTA, FL 34233

SIGNATURE: \( \structure{1}{2} \)

## DO NOT WRITE IN THIS SPACE

		, <u></u>				
8. The above the obliga	e named entity submits this statement for the pations of registered agent.		office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
I SIGNATURE.	* <u>=*</u>	and the second s	—		and the second s	
Signature, typed or printed name of registered agent and title #applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, KLAUS J SEEFELDQUAI 17 CH-8034 ZU SWITZERLAND,					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JACOBS, RENATA SEEFELDQUAI 17 CH-8034 ZU SWITZERLAND,				000000251977 03/05/05-80009-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, CHARLES R JR 4442 GARCIA AVE. SARASOTA, FL 34233			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE				- ,		
NAME		İ				
STREET ADDRESS		1				
CITY-ST-ZIP		<u> </u>		<u> </u>		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 redelivenor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment will an adjaces, with all other like empowered.						