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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000059808 (4)**

1. Corporation Name
PRODUCTS WORLDWIDE, INC.



Principal Place of Business

**1706 E. SEMORAN BLVD
SUITE 101
APOPKA FL 32703
US**

Mailing Address

**1706 E. SEMORAN BLVD
SUITE 101
APOPKA FL 32703-5800
US**

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 1428 E. SEMORAN BLVD

Suite, Apt. #, etc.

22 SUITE 109

City & State

23 APOPKA, FL

Zip

24 32703

Country

25 FLORIDA USA

2a. Mailing Address

26 1428 E. SEMORAN BLVD

Suite, Apt. #, etc.

27 SUITE 109

City & State

28 APOPKA, FL

Zip

29 32703

Country

30 USA

4. FEI Number

59-3197472

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

**BIRMINGHAM, JOHN
1706 E. SEMORAN BLVD.
SUITE 101
APOPKA FL 32703**

10. Name and Address of New Registered Agent

**81 Name JOHN H. BIRMINGHAM
82 Street Address (P.O. Box Number is Not Acceptable) 1428 E. SEMORAN BLVD
83 SUITE 109
84 City APOPKA**

FL

85 Zip Code 32703

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 officer or director (if registered agent, signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE P
1.2 NAME BIRMINGHAM, JOHN
1.3 STREET ADDRESS 132ND ROANN DR.
1.4 CITY-ST-ZIP OVIEDO FL**

**2.1 TITLE ST
2.2 NAME BIRMINGHAM, ELIZABETH
2.3 STREET ADDRESS 4585 SHADYCREEK COVE, APT. 203
2.4 CITY-ST-ZIP WINTER SPRINGS FL 32708**

**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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PRESIDENT, TREASURE
1.2 NAME JOHN H BIRMINGHAM
1.3 STREET ADDRESS 1428 E. SEMORAN BLVD, SUITE 109
1.4 CITY-ST-ZIP APOPKA, FL 32703**

**2.1 TITLE SECRETARY
2.2 NAME BIRMINGHAM, ELIZABETH
2.3 STREET ADDRESS 2301 MADISON AVE, #1
2.4 CITY-ST-ZIP MEMPHIS, TN 38104**

**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 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 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: **JOHN H. BIRMINGHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. BIRMINGHAM JAN 13, 1997

407-880-3101

Date

Daytime Phone

0061772

CR2E034 (9/96)