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**Apr 04 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 # P93000062764 (4)

**1. Corporation Name
AWORLD INTERNATIONAL, INC.**



Principal Place of Business
23 MAYFLOWER COURT SOUTH
HOMOSASSA FL 34446
US

Mailing Address
23 MAYFLOWER COURT SOUTH
HOMOSASSA FL 34446-4824
US

3. Date Incorporated or Qualified
09/09/1993

3a. Date of Last Report
04/17/1996

4. FEI Number
65-0444516

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 **2a. Mailing Address**

22 Suite Apt. #, etc. **26** Suite, Apt. #, etc.

23 City & State **27** City & State

24 Zip **25** Country **28** Zip **29** Country **30** Country

9. Name and Address of Current Registered Agent

REPKA, DENNIS L
28870 U.S. HWY. 19
SUITE 408
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE **P**

NAME **DANNER, PAUL**

STREET ADDRESS **23 MAYFLOWER CT., S.**

CITY - ST - ZIP **HOMOSASSA FL**

DELETE

TITLE **VP**

NAME **DANNER, KATHRYN**

STREET ADDRESS **23 MAYFLOWER CT., S.**

CITY - ST - ZIP **HOMOSASSA FL**

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 **TITLE**

12 **NAME**

13 **STREET ADDRESS**

14 **CITY - ST - ZIP**

Change Addition

2.1 **TITLE**

2.2 **NAME**

2.3 **STREET ADDRESS**

2.4 **CITY - ST - ZIP**

Change Addition

3.1 **TITLE**

3.2 **NAME**

3.3 **STREET ADDRESS**

3.4 **CITY - ST - ZIP**

Change Addition

4.1 **TITLE**

4.2 **NAME**

4.3 **STREET ADDRESS**

4.4 **CITY - ST - ZIP**

Change Addition

5.1 **TITLE**

5.2 **NAME**

5.3 **STREET ADDRESS**

5.4 **CITY - ST - ZIP**

Change Addition

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 unchanged, or on an attachment with an address.

SIGNATURE: _____ **3/31/97** **(352) 726-1237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/96)