

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P93000062764 (4)

1. Corporation Name

AWORLD INTERNATIONAL, INC.



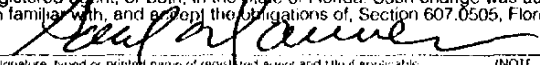
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|---|---|
| Principal Place of Business 23 MAYFLOWER COURT SOUTH HOMOSASSA FL 34446 US | Mailing Address 23 MAYFLOWER COURT SOUTH HOMOSASSA FL 34446 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 40 Corkwood Blvd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 40 Corkwood Blvd. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/09/1993 | |
| 22 City & State 23 Homosassa, FL Zip 24 34446 Country 25 Citrus | | 27 City & State 28 Homosassa, FL Zip 29 34446 Country 30 Citrus | | 4. FEI Number 65-0444516 Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 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 Paul Danner 82 Street Address (P.O. Box Number is Not Acceptable) 40 Corkwood Blvd. 83 84 City Homosassa FL 85 Zip Code 34446 | | | |
|--|--|--|--|---|--|--|--|

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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  Paul Danner 3/1/98
(NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|----------------------|---------------------------------|--|---|---------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DANNER, PAUL | | | 1.2 NAME | Danner, Paul | | |
| STREET ADDRESS | 23 MAYFLOWER CT., S. | | | 1.3 STREET ADDRESS | 40 Corkwood Blvd. | | |
| CITY-ST-ZIP | HOMOSASSA FL | | | 1.4 CITY-ST-ZIP | Homosassa, FL 34446 | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DANNER, KATHRYN | | | 2.2 NAME | Danner, Kathryn | | |
| STREET ADDRESS | 23 MAYFLOWER CT., S. | | | 2.3 STREET ADDRESS | 40 Corkwood Blvd. | | |
| CITY-ST-ZIP | HOMOSASSA FL | | | 2.4 CITY-ST-ZIP | Homosassa, FL 34446 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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.

SIGNATURE:  3/1/98 (352) 726-1237

CR2E034 (10/97)