SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 17 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069254 (9)**

1. Corporate Name

WOMEN OF THE WORLD, INC.

Principal Place of Business	Mailing Address
6176 NW 24TH ST. BOCA RATON FL 33434 US	21218 ST. ANDREWS BLVD. SUITE 10-509 BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0446128 ☐ Applied For ☐ Not Applicable

Suite Apt. #, etc. (22) / Suite Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. [illegible] ☐ **$5.00** May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROCKER, KATHLEEN 21218 ST. ANDREWS BLVD. SUITE 10-509 BOCA RATON FL 33433	81 Name 82 [illegible] (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 [illegible] (Registered Agent's signature required for agent changes) DATE

12. OFFICERS AND DIRECTORS	13.
11 TITLE: D 12 NAME: CROCKER, BARBARA 13 STREET ADDRESS: 6176 NW 24TH STREET 14 CITY ST ZIP: BOCA RATON FL 3343-4	☐ Change ☐ Addition 700001545367 -07/25/95--01064--014 ****225.00 ****225.00
21 TITLE: D 22 NAME: CROCKER, KATHLEEN A 23 STREET ADDRESS: 6176 NW 24TH STREET 24 CITY ST ZIP: BOCA RATON FL 3343-4	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition 07/17/95 KH
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: K. Crocker KATHLEEN CROCKER
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

June 7, 1995 (407) 482-2909
DATE Daytime Phone #

0007340 CP