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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90297 012 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029507

1. Corporation Name

Principal Place of Business

SIGNATURE:

WORLD II ENTERPRISES, INC.

10500 ULMERTON ROAD #800 LARGO FL 34641		P.O. BOX 361 LARGO FL 34649		DO NOT WRITE IN THIS SPACE				
EMILOO PE 0404	,				3. Date Incorporated or Qualifed 04/19/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Ap	plied For	
21		26	26		59-3232685		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip Cou		ntry	8. This corporation owes the current year Intangible			
24	25 29 30		30		Personal Property Tax. Yes Yes			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ad Agent		
DUCE	TT MAINTIANA I			81 Name				
=	ETT, WILLIAM L O ULMERTON ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
#800 LARG) GO FL 34641			83				
				84 City		·L. ·	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida. Such change wa	as authorized	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N	OTE: Registered	Agent signature requir	red when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12		
TITLE	S		DELETE 1.1T			☐ Change	Addition	
NAME	DUSETT, WILLIAM		1.2 NA	ME				
STREET ADDRESS	5505 PEUTH DEL SOL			REET ADDRESS				
CITY-ST-ZIP	ST. PETE FL 33715			ry-st-zip			ļ	
TITLE	<u> </u>	☐ DELETE				☐ Change	Addition	
NAME			2.2 NA	ME				
STREET ADDRESS				REET ADDRESS			}	
CITY-ST-ZIP				TY-ST-ZIP			Ì	
TIFLE		~ DELETE			المراجع المحاجم المحاج	☐ Change	Addition	
NAME			3.2 N	ME	•			
STREET ADDRESS			3.3 ST	REET ADDRESS			ĺ	
C/TY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETÉ				Change	Addition	
NAME			4.2N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE				☐ Change	Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5381	REET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TI	T.E		Change	☐ Addition	
NAME			6.2 N/	WE				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-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, with all other like empowered.