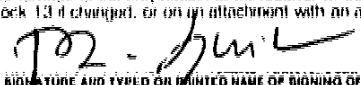


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Montuori Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030215 (5) 1. Corporation Name: WORLD FEDERATION PUBLISHERS, INC.			
Principal Place of Business 10319 LAKE CARROLL WAY TAMPA FL 33618		Mailing Address 10319 LAKE CARROLL WAY TAMPA FL 33618	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 04/21/1994		3a. Date of Last Report	
4. FEI Number		☒ 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	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent TSOKOS, CHRIS P 10319 LAKE CARROLL WAY TAMPA FL 33618		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 FL	
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 _____ DATE _____ (Signature typed or printed name of registered agent and the # application) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	LAKSHMIKANTHAN, V. DR.	1.2 NAME	
STREET ADDRESS	102 ORMOND AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN LANTIC FL 32903	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	TSOKOS, CHRIS P DR.	2.2 NAME	
STREET ADDRESS	10319 LAKE CARROLL WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33618	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAINOTIS, DEMETRI DR.	3.2 NAME	
STREET ADDRESS	3207 HWY. A1A	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	SAMBANDHAM, M. DR.	4.2 NAME	
STREET ADDRESS	4421 KINGSFIELD CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNWOODY GA 30338	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MATROSOV, V. DR.	5.2 NAME	
STREET ADDRESS	102 ORMOND AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN LANTIC FL 32903	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. SAMBANDHAM		3/2-8/95 Date	