FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030215 (5)**

1. Corporation Name
WORLD FEDERATION PUBLISHERS, INC.

Principal Place of Business	Mailing Address
10319 LAKE CARROLL WAY TAMPA FL 33618	10319 LAKE CARROLL WAY TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/21/1994**
3a. Date of Last Report:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

8. 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 **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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (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	INDIATLANTIC 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	LAINIOTIS, DEMITRI 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	INDIATLANTIC 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	

AA 4/12

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(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: P.S. Samb 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

M. SAMBANDHAM

CP