

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

58-2227727

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

10. Name and Address of New Registered Agent

TSOKOS, CHRIS P  
10319 LAKE CARROLL WAY  
TAMPA FL 33618

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

Signature (typed or printed name of registered agent and the "I" of "I am")

(If the Registered Agent is a corporation, type the name of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO  
NAME LAKSHMIKANTHAN, V. DR.  
STREET ADDRESS 102 ORMOND AVE.  
CITY-ST-ZIP INDIATLANTIC FL 32903 ☐ DELETE

TITLE PD  
NAME TSOKOS, CHRIS P DR.  
STREET ADDRESS 10319 LAKE CARROLL WAY  
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE VD  
NAME LAINIOTIS, DEMITRI DR.  
STREET ADDRESS 3207 HWY. A1A  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ DELETE

TITLE STD  
NAME SAMBANDHAM, M. DR.  
STREET ADDRESS 4421 KINGSFIELD CT.  
CITY-ST-ZIP DUNWOODY GA 30338 ☐ DELETE

TITLE D  
NAME MATROSOV, V. DR.  
STREET ADDRESS 102 ORMOND AVE.  
CITY-ST-ZIP INDIATLANTIC FL 32903 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ 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

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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-07/10/96--01033--003  
\*\*\*225.00

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)(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

PD

4-17-96

(813) 961-1982

Date

Signature

05/10/96

CR2E034 (12/95)