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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

## P94000030215 (5) DOCUMENT #

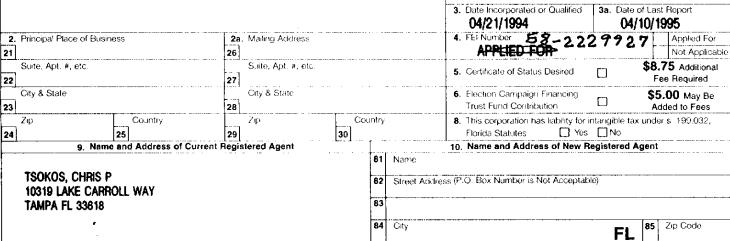
WORLD FEDERATION PUBLISHERS, INC.

Principal Place of Business

10319 LAKE CARROLL WAY **TAMPA FL 33618** 

Mailing Address

10319 LAKE CARROLL WAY **TAMPA FL 33618** 



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.

| Signal - typed a probability of regions taked a state to the content of the state to the state of the state o |                          | ### 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 |                     |   |
|--|--------------------------|---|---------------------|---|
| TITLE  | DCEO                     | DELETE  | 1 1 TITLE           | Change Addition                           |
| NAME   | LAKSHMIKANTHAN, V. DR.   |   | 1.2 NAME            |   |
| STREET ADDRESS   | 102 ORMOND AVE.          |   | 1.3 SUBEET ADDRESS  |   |
| CITY - ST - ZIP  | INDIATLANTIC FL 32903    |   | 1.4 CITY - ST - ZIP |   |
| TITLE  | PD                       | ☐ DEFF1€  | 2 1 TOTLE           | Change Addition                           |
| NAME   | TSOKOS, CHRIS P DR.      |   | 2 ž NAMÉ            |   |
| STREET ADDRESS   | 10319 LAKE CARROLL WAY   |   | 2.3 STREET ADDRESS  |   |
| CITY ST ZIP  | TAMPA FL 33618           |   | 2.4 CITY+ST-ZIP     |   |
| TITLE  | VD                       | DELETE  | 3 1 TUESF           | 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 C/TY - ST - Z/F |   |
| TITLE  | STD                      | DELETE  | 4 1 7 TLE           | ☐ Change ☐ Addition                       |
| NAME   | SAMBANDHAM, M. DR.       |   | 4 2 NAME            |   |
| STREET ADORESS   | 4421 KINGSFIELD CT.      |   | 4.3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | DUNWOODY GA 30338        |   | 4 4 CITY - S1 - ZiP |   |
| TITLE  | D                        | ☐ DELE1E  | 5 1 ITLE            | Change Addition                           |
| NAME   | MATROSOV, V. DR.         |   | 5.2 NAME            |   |
| STREET ADDRESS   | 102 ORMOND AVE.          |   | 5 3 STREET ADDRESS  |   |
| CITY - ST - ZIP  | INDIATLANTIC FL 32903    |   | 54 CITY - ST - NP   |   |
| TITLE  |                          | ☐ DELETE  | 6 1 TIFLE           | 90000188997*99 Addition -07/10/9601093009 |
| NAME   |                          |   | 6.2 NAME            | -07/10/9601093009                         |
| STREET ADDRESS   |                          |   | 6 3 STREET ADDRESS  | ***225 <b>.0</b> 0                        |
| DITY - 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(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 (813) 9-61-1982

CR2E034 (12/95)