

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000030215 (5)

1. Corporation Name

WORLD FEDERATION PUBLISHERS, INC.



Principal Place of Business 10319 LAKE CARROLL WAY TAMPA FL 33618 1202 PARRILLA DE AVILA TAMPA, FL. 33613	Mailing Address 10319 LAKE CARROLL WAY TAMPA FL 33618 1202 PARRILLA DE AVILA TAMPA, FL. 33613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/21/1994 3a. Date of Last Report 07/10/1996 4. FEI Number 58-2229927 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
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Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

9. Name and Address of Current Registered Agent

TSOKOS, CHRIS P
10319 LAKE CARROLL WAY
TAMPA FL 33618
1202 PARRILLA DE AVILA
TAMPA, FL. 33613

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
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	
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	
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	
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	
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	
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 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.

CHRIS P. TSOKOS D

CR2E034 (4/97)