## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000058385 (3)

WORLD WIDE INTERNATIONAL, INC.

## **FILED** Mar 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
1220 N.E. 2711		Mailing Address 1220 N.E. 27TH TERRACE						
POMPANO BE		POMPANO BEACH FL 330						
:					3. Date Incorporated or Qualified 08/08/1994	3a. Date of L 05/01/19	•	
2. Principal Place of Business		2a. Mailing Address		4. FE) Number	Applied For			
21		26		65-0512563	Not Applicable		2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional ee Required		
City & Stat	e	City & State			6. Election Campaign Financing		.00 May Be	
23		28		Trust Fund Contribution		ded to Fees		
Zip			Countr	2 Print outportation rad liability for intanglish fan brider		der s. 199.032,		
24	25 29 29 29 29 29 29 29 29 29 29 29 29 29		<u> 30 </u>		Florida Statutes			-
DO.		negistered Allein	81	I Namo	10. Name and Address of New Neg	istered Agent		
	RMAN, PATRICIA O N.E. 27TH TERRACE		L	1				_
	MPANO BEACH FL 33062		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
	, 110 50 1011 12 00002		83	3				
			84	City		<b>8</b> 5	Zip Code	+
				1		FL "		
office or a agent. La	to the provisions of Sections 607,0502 registered agent, or both, in the State out familiar with, and accopt the obligations.	and 607.1508, Fiorida Statu of Florida: Such change was ions of, Section 607.0505, Fl	tes, the abov authorized b orida Statute	ve-named corp by the corpora bs.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of chang I the appointme	ing its registered nt as registered	
SIGNATURE	Signature, typed or printed name of registered right	Const CGo Language (AVA)	II. Omir koma A	Cont in the total	ired when reinstating)	DATE		
12.	OFFICERS AND		13,	geni sigeatore requi	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	- G
TITLE	P	DILLETE	1.1 10116			Cha		0,0
NAME	BORMAN, PATRICIA		1.2 NAME					2
STREET ADDRESS	1220 N.E. 27TH TERRACE		1351861	I AUDRESS				È
CITY-ST-ZIP	POMPANO BEACH FL 33062	· · · · · · · · · · · · · · · · · · ·	14 CITY-	ST-7IP				_ြင်
TITLE		☐ DELETE	2111111			Cha	ange 🔲 Addition	1
NAME			2.2 NAME					l
STREET ADDRESS			1	1 ADDRESS				
CITY-ST-ZIP TITLE		DITTLE	2 4 C(1)Y	- \$1 - 202		Cha	ange Addition	
NAME			3.2 NAM(				go	
STREET ADDRESS				T ADDRESS				1
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TITLE		DELETE	4.1 THE		V	Cha	inge Addition	1
NAME			4. 2 NAM	:				-
STREET ADDRESS			4.3 STREE	1 ADDRESS				1
CITY-ST-ZIP			4.4 CITY -	ST- ZIP				_
TITLE		DHEIL	5.1 TIT(F			Cha	inge Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	1 ADDRESS				
CITY-ST-ZIP		Dritze	5.4 CITY-	ST-ZIF		T AL	man Additi	
TITLE		DELFTÉ	6.1 1171.6			☐ Cha	inge Addition	
NAME CTOCCT ADDRESS			6.2 NAME	LADDRESS				
STREET ADDRESS			T T	I ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY-	51-7P 1				_[_

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 of 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 his receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

954/2519501