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PROFIT CORPORATION ANNUAL REPORT

1996



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

| DOCUMENT # | P94000067144 |
|------------|--------------|

WORLDWIDE INTERACTIVE SYSTEMS, INC.

| Dringing Disease                  |  |                                       |   |                                     |                              |  |   |  |                             |
|-----------------------------------|--|---------------------------------------|---|-------------------------------------|------------------------------|--|---|--|-----------------------------|
| Principal Place                   |  | Ma                                    | iiling Address                                |                                     |                              | 1 10011001 1   | LA TATLE BEREI AESTS AL                         | REIT MAINT BRICK BESTE IMMBE           | LLOSO MINTE AND 1981        |
| P.O. BOX 250<br>LIVE OAK FL 32060 |  |                                       | P.O. BOX 250<br>LIVE OAK FL 32060             |                                     |                              |  |   |  |                             |
|                                   |  |                                       |   |                                     |                              | 3. Date Incorpor 09/06/19                            |   | 3a. Date of Last 05/01/                | •                           |
|                                   | ace of Business 4 71st Drive   | F                                     | Mailing Address                               |                                     |                              | 4. FEI Number  |   |  | Applied For                 |
|                                   |  | 26                                    |   |                                     |                              | 59-326   | <u>7041                                    </u> |  | Not Applicable              |
| Suite, Apt. 4                     |  | 27                                    | Suite, Apt. #, etc.                           |                                     |                              | 5. Certificate of 8                                  | Status Desired                                  | 1 1                                    | 75 Additional<br>e Required |
|                                   | Oak, Florida   | 28                                    | City & State                                  |                                     |                              | 6. Election Camp<br>Trust Fund Co                    |   | 1 1                                    | 00 May Be<br>Sed to Fees    |
| <sup>2</sup> ιρ 3206              |  | nnee 29                               | Zip   | Country<br>30                       |                              | This corporation     Florida Statute                 |   | r intangible tax under<br>s  \text{No} | s 199.032,                  |
|                                   | 9. Name and Address  | of Current Regist                     | ered Agent                                    |                                     |                              | 10. Name and A                                       | dress of New                                    | Registered Agent                       |                             |
| ODEE                              |  |                                       |   | 81                                  | Name                         |  |   |  |                             |
|                                   | e, r a<br>S. 129 South<br>K Fl 32060   |                                       |   | 82<br>83                            | Street Add                   | ress (P.O. Box Numbe<br><b>34 71st Driv</b>          | r is Not Accepta<br>re                          | ble)                                   |                             |
| LIIE OA                           | W. I.C. 02000  |                                       |   | 84                                  | City 1.13                    | ve Oak   |   | 85                                     | Zin Code                    |
| 11 Pursuant to                    | the provisions of Sections   | E07 0500 and C07                      | 7   |                                     |                              |  |   | FL "                                   | Zip Code<br>32060           |
| or registere                      | o the provisions of Sections<br>and agent, or both, in the Sta<br>h, and accept the obligation | to of Florida, Such                   | . 1923, Florida Statut<br>ehange was authoriz | ies, the above-r<br>zed by the corp | iamed corpo<br>bration's boa | ration submits this stat<br>rd of directors, I hereb | ement for the pu<br>viaccept the app            | rpose of changing its                  | registered office           |
|                                   | n, and accept the obligation   | s of Section 607.0                    | 505, Florida Statutes                         | 3.                                  |                              |  | у сосорт то сре                                 | out the tegratere                      | so agent. ram               |
| SIGNATURE _                       | Signature, typed or printed name of re-  | reene Prosteres agent and title if an | Closedent /bic                                | DTE: Ragistered Agen                |                              |  |   | 4-15-96                                | <u> </u>                    |
| 12.                               |  | CERS AND DIRECT                       |   | 13.                                 | raignature rodoire           |  | IANGES TO GE                                    | DATE<br>TICERS AND DIRECT              | 7000 IN 10                  |
| TITLE                             | D  |                                       | DELETE  | 1. 1 TITLE                          | Ţ                            | ADDITIONO/OI   | IANGES TO OFF                                   | Change                                 |                             |
| NAME                              | Greene, R A  |                                       |   | 1.2 NAME                            |                              |  |   | LI Situation                           | , Ell Madition              |
| STREFT ADDRESS                    | P.O. BOX 250 N//   | ١                                     |   | 1.3 STREET                          | ADDRESS                      |  |   |  |                             |
| CITY-ST-ZIP                       | LIVE OAK FL 32060  |                                       |   | 1.4 CHTY - S                        | r-ZIP                        |  |   |  |                             |
| TITLE                             |  |                                       | ☐ DELETE                                      | 2 1 TITLE                           |                              |  |   | ☐ Change                               | Addition                    |
| NAME                              |  |                                       |   | 2 2 NAME                            |                              |  |   | <u></u>                                | <u></u>                     |
| STREET ADDRESS                    |  |                                       |   | 2.3 STREET                          | ADDRESS                      |  |   |  |                             |
| CITY-S1-ZIP                       |  |                                       |   | 2.4 CITY - ST                       | I-ZIP                        |  |   |  |                             |
| TITLE                             |  |                                       | □ DEFELE                                      | 3 1 TITLE                           |                              |  |   | Change                                 | Addition                    |
| NAME                              |  |                                       |   | 32 NAME                             |                              |  |   |  | _                           |
| STREET ADDRESS                    |  |                                       |   | 33 STREET                           | ADDRESS                      |  |   |  | ľ                           |
| CITY - S1 - ZIF                   |  |                                       |   | 3.4 CHTY - \$1                      | - 7IP                        |  |   |  |                             |
| TITLE                             |  |                                       | DELETE  | 4. 1 TITLE                          | -                            |  |   | ☐ Change                               | ☐ Addition                  |
| NAME                              |  |                                       |   | 4.2 NAME                            |                              |  |   |  |                             |
| STREET ADDRESS                    |  |                                       |   | 4.3 STREET                          | ADDRESS                      |  |   |  | ĺ                           |
| CHY-ST-ZIP                        |  |                                       |   | 4.4 CITY - ST                       | -712                         |  |   |  | 1                           |
| TILE                              |  |                                       | DELETE  | 5 1 TITLE                           |                              |  |   | ☐ Change                               | Addition                    |
| NAME<br>CTOTAL ADDRESS            |  |                                       |   | 5.2 NAME                            |                              |  |   |  |                             |
| STREET ADDRESS                    |  |                                       |   | 5 3 STREET /                        | DDRESS                       |  |   |  |                             |
| CITY-ST-ZIP                       |  | <del></del>                           | 000000  | 5.4 CITY - ST                       | - ZIP                        |  |   |  |                             |
| TITLE                             |  |                                       | ☐ DELETE                                      | 6 1 TITLE                           |                              |  |   | ☐ Change                               | ☐ Addition                  |
| NAME<br>STOLL LABORGO             |  |                                       |   | 62 NAME                             |                              |  |   |  |                             |
| STREET ADDRESS                    |  |                                       |   | 63 STREET A                         |                              |  |   |  | 1                           |
| CITY-ST-ZIP                       |  |                                       |   | 6.4 C/TY-ST                         | - ZIP                        |  |   |  |                             |

14. I do hereby certify that the information supplied with this filling is elephanily 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 applemental 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 correction 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

904-364-1898

Daytime Phone #

CROECISA