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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067144 (3)

FILED Mar 20 1998 8:00am Secretary of State

WORLDWIDE INTERACTIVE SYSTEMS, INC. Principal Place of Business Mailing Address P.O. BOX 250 11234 71ST DRIVE LIVE OAK FL 32064 LIVE OAK FL 32080 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 555 WEST BAYA BUE. 555 WEETBAYA AVE. 59-3267041 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 AKS CITY FL City & State 8. Election Campaign Financing \$5.00 May Be AKE CITY Trust Fund Contribution Added to Fees COUNTRY A 8. This corporation owes or has paid the current year Intangible COLUMBIA □No Yes 25 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENE, RA Name 11234 71ST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 В3 84 City 85 Zip Code 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 prange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I appliantly with and accept the obligations of Section 607.0505, Florida Statutes. with and accept the obligation F Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE 11 TITLE Change TITLE GREW, RA. GREENE, R A NAME 1.2 NAME 11254 TRTDE P.O. BOX 250 N/A STREET ADDRESS 1.3 STREET ADDRESS LIVE ONL, TE 32060 LIVE OAK FL 32060 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change M Addition DELETE TITLE 2.1 TITLE PARNELL, KAYM. 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 11234 715700 32060 CITY-ST-ZIP 2. 4 CITY - ST - 7/P DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 jie-hanged, or on an attachment with an address.

SIGNATURE KIA GREENS, ASIL NEW

2-17-98 904-755-3313