

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001971 (7)

1. Corporation Name  
ASSOCIATES IN WORLD PRODUCTS, INC.



Principal Place of Business  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS FL 33908

Mailing Address  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS FL 33908

3. Date Incorporated or Qualified  
01/06/1995

3a. Date of Last Report

2. Principal Place of Business  
21 502 A South Road  
Suite, Apt. #, etc.

2a. Mailing Address  
26 502 A South Rd  
Suite, Apt. #, etc.

4. FEI Number  
65-059 0074

Applied For  
Not Applicable

22 City & State  
23 Ft MYERS, FL  
Zip 24 33907 Country 25 USA

27 City & State  
28 Ft MYERS, FL  
Zip 29 33907 Country 30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
WALLACE, GARY F  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS FL 33908

10. Name and Address of New Registered Agent  
81 Name  
DEAN GATTENY  
82 Street Address (P.O. Box Number is Not Acceptable)  
18518 Violet Road  
83  
84 City  
Ft MYERS FL 85 Zip Code  
33912

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]* DATE 4/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HANSON, ERIK M	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	502 A SOUTH ROAD	1.2 NAME	HANSEN, ERIK M.
STREET ADDRESS	FORT MYERS FL 33907	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D KOB, JONATHAN	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	502 A SOUTH ROAD	2.2 NAME	
STREET ADDRESS	FORT MYERS FL 33907	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 is voluntarily 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 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/22/96 94,72783211  
Daytime Phone #

CR2E034 (12/95)