

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 # P95000003699 (2)

1. Corporation Name

WORLD CAPITAL ADVISORS CORPORATION



Principal Place of Business

101 EAST KENNEDY BLVD., STE. 1200  
TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD., STE. 1200  
TAMPA FL 33602

2. Principal Place of Business

21 15310 AMBERLY DRIVE

Suite, Apt. #, etc.

22 SUITE 250

City & State

23 TAMPA, FL

Zip

24 33647

Country

25 HILLSBOROUGH

2a. Mailing Address

26 15310 AMBERLY DR.

Suite, Apt. #, etc.

27 SUITE 250

City & State

28 TAMPA, FL

Zip

29 33647

Country

30 HILLSBOROUGH

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

4. FEI Number

59-3289669

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

81 Name

JIM C. CHANG

82 Street Address (P.O. Box Number is Not Acceptable)

15310 AMBERLY DR.

83

SUITE 250

84 City

TAMPA

FL

85 Zip Code

33647

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 re-stating)

DATE

4-27-96

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P  
CHANG, JIM C  
101 EAST KENNEDY BLVD., STE. 1200  
TAMPA FL 33602

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P.  
CHANG, JIM C.  
15310 AMBERLY DR. STE. 250  
TAMPA, FL 33647

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM C. CHANG

4-27-96

813-975-8911

Date

Daytime Phone #

CR2E034 (12/95)