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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003699 (2)

WORLD CAPITAL ADVISORS CORPORATION

15310 AMBERLY DRIVE SUITE 250 TAMPA FL 33647 US		15310 AMBERLY DRIV Suite 250 Tampa Fl 33647 US	TAMPA FL 33647				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/13/1995					
Principal Place of Business     2a. Mailing Address							4. FEI Number			Applied For		
21		26					59-3289669		No	t Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u>├</u>			5.	Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	City & State	& State			6. Election Campaign Financing \$5.00 May Be							
23		28	28			Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cou	intry	1	8.	This corporation owes or has paid the cu	rrent ye				
24	25	29	30		· · · · · · · · · · · · · · · · · ·			Yes	<u> </u>	No		
	g. Name and Address of Curr	ent Registered Agent		L.,		10.	Name and Address of New Registered	Agent				
CH	IANG, JIM C.			81	Name							
15	310 AMBRELY DR.			82 Street Add			O. Box Number is Not Acceptable)					
	NTE 250											
TA	MPA FL 33647			83								
				84	City			85	Zip C	Code		
					O.I.,		FL	.   "				
SIGNATURE	Signature typed or printed name of registered OFFICERS A	gent and title if applicable	NOTE Registere	d Age	ent signature requ		re-instating) DATE  IDDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12		
TITLE	P	DELETE		1.1 TITLE				☐ Ch		Addition		
NAME	CHANG, JIM C		1.2 N	AME								
STREET ADDRESS	15310 AMBERLY SR. STE 2	50	135	TAEET	ADDRESS							
CITY-ST-ZIP	TAMPA FL		140	ITY-S	I-ZIP							
TITLE		DELETE	2 1 TI	TLE				☐ Cn	ange	☐ Addition		
NAME	1		22 N	AME								
STREET ADDRESS			2.3 S	TREET	ADDRESS							
CITY-ST-ZIP			2.40	OTY-S	SF-ZIP							
TITLE		DELETE	3 1 Ti	TLE	T	-		☐ Ch	ange	Addition		
NAME			3 2 N	AME	İ							
STREET ADDRESS			3.3 \$	TREET	ADDRESS							
CITY-ST-ZIP			3.4. C	ЯΤΥ - 9	ST-ZIP							
TITLE		DELETE	4.1 TI	TLE				Chi	ange	Addition		
NAME	1		4. 2 N	IAME								
STREET ADDRESS	i		4.3 \$	TREET	ADDRESS							
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP							
TITLE		DELETE	5.1 Ti	TLE				Chi	ange	Addition		
NAME			5 2 N	AME								
STREET ADDRESS			5.3 S	TREET	ADDRESS							
CITY - ST - ZIP			5.4 C	TY-S	T-2(P							

14. Thereby 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 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.

6 1 TITLE

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

4/27/98,813 9770398

Change

■ Addition

**FILED** 

May 15 1998 8:00am

Secretary of State