

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003699

1. Corporation Name

WORLD CAPITAL ADVISORS CORPORATION

Principal Place of Business

**15310 AMBERLY DRIVE
SUITE 250
TAMPA FL 33647
US**

Mailing Address

**15310 AMBERLY DRIVE
SUITE 250
TAMPA FL 33647
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *P. O. Box 46325*

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 **29** *33647-0103* **30** *USA*

9. Name and Address of Current Registered Agent

**CHANG, JIM C.
15310 AMBERLY DR.
SUITE 250
TAMPA FL 33647**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1 **P** ☐ DELETE

NAME **CHANG, JIM C**
STREET ADDRESS **15310 AMBERLY SR. STE 250**
CITY-STATE-ZIP **TAMPA FL**

2 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 ☐ Change ☐ Addition

12 **NAME**
13 **STREET ADDRESS**
14 **CITY-STATE-ZIP**

21 ☐ Change ☐ Addition

22 **NAME**
23 **STREET ADDRESS**
24 **CITY-STATE-ZIP**

31 ☐ Change ☐ Addition

32 **NAME**
33 **STREET ADDRESS**
34 **CITY-STATE-ZIP**

41 ☐ Change ☐ Addition

42 **NAME**
43 **STREET ADDRESS**
44 **CITY-STATE-ZIP**

51 ☐ Change ☐ Addition

52 **NAME**
53 **STREET ADDRESS**
54 **CITY-STATE-ZIP**

61 ☐ Change ☐ Addition

62 **NAME**
63 **STREET ADDRESS**
64 **CITY-STATE-ZIP**

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 051 *****8.75

04-27-1999 90213 052 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

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 owes the current year Intangible
Personal Property Tax.



Yes



No

10. Name and Address of New Registered Agent

14. I hereby 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 change-I, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-99 (813) 975-8911

CR2E034 (1/98)

0398204