

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000022256 (8)**

1. Corporation Name

WORLDTEL INTERACTIVE, INC.



Principal Place of Business

Mailing Address

1061 E. INDIANTOWN ROAD
SUITE 400
JUPITER FL 33477

1061 E. INDIANTOWN ROAD
SUITE 400
JUPITER FL 33477

2. Principal Place of Business

2a. Mailing Address

21 Sub., Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET SUITE 1
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified **03/20/1995**

3a. Date of Last Report

4. FEI Number **59-3303011**

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. 193.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person making a statement on behalf of the corporation

Signature of the person making a statement on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PRESIDENT	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	LACHAPPELLE, STEPHEN	
12.3	CITY, ST, ZIP	2828 DONALD DOUGLAS LOOP NORTH #22 SANTA MONICA CA 90405-2959 CA	
12.4	NAME	CHAIRMAN OF BOARD	<input type="checkbox"/> DELETE
12.5	STREET ADDRESS	DR. BRIAN LEE	
12.6	CITY, ST, ZIP	9 HAZON IRVINE CA 92718	
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		
12.9	CITY, ST, ZIP		
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		
12.12	CITY, ST, ZIP		
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS	
13.3	CITY, ST, ZIP	
13.4	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	STREET ADDRESS	
13.6	CITY, ST, ZIP	
13.7	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	STREET ADDRESS	
13.9	CITY, ST, ZIP	
13.10	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	STREET ADDRESS	
13.15	CITY, ST, ZIP	
13.16	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	STREET ADDRESS	
13.18	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(1)(k), Florida Statutes. I further certify that the information included 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 in this report, or on an amendment with an address.

SIGNATURE: *S. Lachapelle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Lachapelle 2/24/96 310.392.0111
DATE AND PHONE NUMBER

CR2E034 (12/95)