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98 MAY -8 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000022256 (8)

1. Corporation Name
WORLDTEL INTERACTIVE, INC.

Principal Place of Business
1061 E. INDIANTOWN ROAD
SUITE 400
JUPITER FL 33477

Mailing Address
1061 E. INDIANTOWN ROAD
SUITE 400
JUPITER FL 33477

2. Principal Place of Business
21 2828 DONALD DOUGLAS LOOP N. #22
Suite, Apt. #, etc.
22 22
City & State
23 SANTA MONICA CA
Zip Country
24 90405 25 LOS ANGELES
26 2828 DONALD DOUGLAS LOOP N. #22
Suite, Apt. #, etc.
27 27
City & State
28 SANTA MONICA CA
Zip Country
29 90405 30 LOS ANGELES

3. Date Incorporated or Qualified
03/20/1995

4. FEI Number
59-3303011

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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
Capital Connection, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St. Suite 1

83

84 City
Tallahassee

85 Zip Code
FL 32301

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 *W. L. Lopez* *W. L. Lopez for Capital Connection* DATE *5/8/98*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LACHAPPELLE, STEPHEN	2828 DONALD DOUGLAS LOOP NORTH #22	SANTA MONICA FL	<input type="checkbox"/>
	COB	LEE, BRIAN DR	9 MASON	<input type="checkbox"/>
		IRVINE CA 92718		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

A. Allen
5/8/98
Bank deposit

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 changed, or on an attachment with an address.

SIGNATURE *Lachapelle, Brian* DATE *5/8/98*

CR2E034 (10/97)