

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90242 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000029430**

1. Corporation Name  
**WORLDWIDE INTERNET SOLUTIONS NETWORK, INC.**

Principal Place of Business  
**360 N CONGRESS AVE  
 DELRAY BEACH FL 33445  
 US**

Mailing Address  
**360 N CONGRESS AVE  
 DELRAY BEACH FL 33445  
 US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/10/1995**

4. FEI Number  
**65-0592282**

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**FAHMY, SAFWAT F  
 1801 SOUTH FEDERAL HIGHWAY STE 301  
 DELRAY BEACH FL 33483**

*360 N. Congress Ave  
 33445*

10. Name and Address of New Registered Agent  
 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 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |   |  |
|----------------|---|--|
| TITLE          | <b>D</b>                                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>FAHMY, SAFWAT F</b>                    |  |
| STREET ADDRESS | <b>1801 SOUTH FEDERAL HIGHWAY STE 301</b> |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b>              |  |
| TITLE          | <b>D</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FUHRT, BORKO</b>                       |  |
| STREET ADDRESS | <b>1801 SOUTH FEDERAL HIGHWAY STE 301</b> |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b>              |  |
| TITLE          | <b>S</b>                                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>DEWEES, LEDYARD H.</b>                 |  |
| STREET ADDRESS | <b>1085 TAMARIND WAY</b>                  |  |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>                      |  |
| TITLE          | <b>DCEO</b>                               | <input type="checkbox"/> DELETE            |
| NAME           | <b>SINNOTT, DANIEL</b>                    |  |
| STREET ADDRESS | <b>1801 SOUTH FEDERAL HIGHWAY STE 301</b> |  |
| CITY-ST-ZIP    | <b>DELRAY BEACH FL 33483</b>              |  |
| TITLE          |   | <input type="checkbox"/> DELETE            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |  |
|--------------------|---------------------------------|--|
| 1.1 TITLE          | <b>D/C</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                 |  |
| 1.3 STREET ADDRESS | <b>360 N. Congress Ave.</b>     |  |
| 1.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33445</b>   |  |
| 2.1 TITLE          | <b>D/P</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Stephen Attanasio</b>        |  |
| 2.3 STREET ADDRESS | <b>360 N. Congress Ave.</b>     |  |
| 2.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33445</b>   |  |
| 3.1 TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                 |  |
| 3.3 STREET ADDRESS | <b>870 NW 3rd Ct.</b>           |  |
| 3.4 CITY-ST-ZIP    | <b>Boca Raton, FL 33432</b>     |  |
| 4.1 TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                 |  |
| 4.3 STREET ADDRESS | <b>360 N. Congress Ave.</b>     |  |
| 4.4 CITY-ST-ZIP    | <b>Delray Beach, FL 33445</b>   |  |
| 5.1 TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Mellen, Gary</b>             |  |
| 5.3 STREET ADDRESS | <b>1750 SE 9th St</b>           |  |
| 5.4 CITY-ST-ZIP    | <b>Ft. Lauderdale, FL 33316</b> |  |
| 6.1 TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>McCard, Dennis</b>           |  |
| 6.3 STREET ADDRESS | <b>3144 Martin Rd.</b>          |  |
| 6.4 CITY-ST-ZIP    | <b>Walled Lake, MI 48390</b>    |  |

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/14/99 (561)272-7710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)