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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 13 1997 8:00am

Secretary of State

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Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000044546 (6)

THE WORD ASSOCIATION, INC.

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Principal Place	e of Business	Mailing Address	Mailing Address		4 I DE LE DEL BLE DE LES DE LE DE LE LE DE	2011 G.B.I. 6.631 2111 21219 5111 1651
11100 GRIFFING BLVD MIAMI FL 33161-7250		11100 GRIFFING BLVD MIAMI FL 33161-7250				
					3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 05/01/1996
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		<b>65-0589897</b> Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Cornillode of Childs Desired	Fee Required	
City & State		City & State	City & State		6. Election Campalgn Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	[25]		30		Florida Statutes Yes X No	
	Name and Address of Currer	nt Registered Agent	81	1 1	10. Name and Address of New Reg	istered Agent
	L, KEVIN		81	Name	1	
	00 <b>G</b> RIFFING BLVD		82	Street Add	ress (P.O. Box Number is Not Acceptable	(c)
MIAMI FL 33161-7250			ļ			
			63	ì		
			84	City		FL 85 Zip Code
44 Durawant	to the provisions of Scotlans CO7 Of C	20 and 607 4600. Florida Chatuta	0.45.5.5.5.5		and a sharife this old and for the sa	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE						
12.		D DIRECTORS	T 13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	HALL, KEVIN		1.2 NAME			
STREET ADDRESS	11100 GRIFFING BLVD			I ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161-7250		1.4 CITY-S1-ZIP			
TITLE			2.1 1/TLF	VI. 21		Change Addition
NAME	HUBER, MICHAEL		2.2 NAME			
STREET ADDRESS	11100 GRIFFING BLVD			I ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL 33181-7250		2 4 CHY-	1	•	-
TITLE	D	DELETE	3.1 TITLE	31.511		Change Addition
NAME	HAUSMAN, ROBERT JR		3.2 NAME			
STREET ADDRESS	11100 GRIFFING BLVD			T ADDRESS		i
CITY-ST-ZIP	MIAMI FL 33161-7250					
TITLE	(MICAMITE COTOT 7200	DELETE	3.4. CITY- 4.1 TITLE	31.51		☐ Change ☐ Addition
NAME			4, 2 NAME	1		CT over-80 CT Modition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		☐ OFLETE	4.4 C(TY - )	SI-ZIP		Change Addition
		occur	5.1 TITLE			Change Addition
NAME			5.2 NAME	1000000		}
STREET ADDRESS				ADDRESS	•	
CITY-ST-ZIP		DELETE.	5 4 CITY-5	ST - ZIP		Chance
TITLE		L_J DELETE.	61 HILE			L Change L Addition
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-3	ST - ZIP		

14. I do 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 chapter 607, or an attachment with an address.