FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000053644 (7)

1. Corporation Name

WORLDWIDE SURFING ADVENTURES, INC.

Principal Place of Business	Mailing Address
~~190 HARWOOD AVENUE~~ SATELLITE BEACH FL 32937	~~190 HARWOOD AVENUE~~ SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified: 07/12/1995
3a. Date of Last Report: 7/12/95

2. Principal Place of Business		2a. Mailing Address	
21	599 SHERWOOD AVE	26	599 SHERWOOD AVE
22 Suite, Apt. #, etc.	SUITE 100	27 Suite, Apt. #, etc.	SUITE 100
23 City & State	SATELLITE BEACH, FL	28 City & State	SATELLITE BEACH, FL
24 Zip	32937	29 Zip	32937
25 Country	USA	30 Country	USA

4. FEI Number: 59-3323801 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANCIS, SANDI M
190 HARWOOD AVENUE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: Same
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: S. Michele Francis   SANDI MICHELE FRANCIS, C.E.O.   DATE: 2/8/96

12. OFFICERS AND DIRECTORS

TITLE	C.E.O. / TREASURER	☐ DELETE
NAME	SANDI M. FRANCIS	
STREET ADDRESS	190 HARWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	PRESIDENT / SECRETARY	☐ DELETE
NAME	LESLEY RENEE MALEY	
STREET ADDRESS	332 W. EXETER STREET	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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(3)(k), 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: S. Michele Francis   S. Michele Francis   2/8/96   407-773-4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #