

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000054797 (2)

1. Corporation Name

HEALTHWORLD MARKETING, INC.

07/13/96 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3109 GRAND AVE.
BOX 209
MIAMI FL 33133

Mailing Address

3109 GRAND AVE
BOX 209
MIAMI FL 33133

314 5TH AVE SOUTH
SUITE 208
NAPLES, FL.
33940

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2279 NW 102ND PLACE

26 314 5TH AVE SOUTH

4. FET Number

65-0603098

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

MIAMI FLORIDA

NAPLES, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33172

U.S.A.

33940

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLOUCHA, L. M.

% ATKINSON, DINER, STONE, BLACK & MANKUTA

1946 TYLER ST.

HOLLYWOOD FL 33022-2088

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

Signature of officer or director (if not a corporation, sign as individual)

Signature of Registered Agent (signature required after registration)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT/DIRECTOR
ANTONIE JOHANNES JURGENS DU RESSIS
314 5TH AVE SOUTH SUITE 208
NAPLES FL. 33940

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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(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 (changed), or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIE JOHANNES JURGENS DU RESSIS 8/5/96 (305) 586-7298

CR2E034 (12/95)