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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

## P95000071979 (5) **DOCUMENT #**

WORLDNET COMMUNICATIONS LTD., INC.

**FILED** May 09 1996 8:00 am Secretary of State

	Principal Place of Business Mailing Address				7 144 144 1 10 10 10 10 10 10 10 10 10 10 10 10 1			
1605 MAIN STREET SUITE #490-/00 9 SARASOTA FL 34236	1605 MAIN STREET SUITE 1409 100 4 SARASOTA FL 34236							
					3. Date Incorporated or Qualified 09/18/1995	3a. Date	of Last	Report
2. Principal Place of Business	2a. Mailing Address			***********	4. FEI Number			Applied For
21 1605 MAIN STREET	26 1605 MA	10 57	َ کک	EET	65-06040	75		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22 Suite 1004 27 Suite 1004								Required
City & State  23 5 ATUASOTIA, FL					Election Campaign Financing     Trust Fund Contribution			00 May Be
Zip Country	Zp Zp	Cour						ed to Fees
24 34236 25 OSA 9. Name and Address of Current	29 34236 30 USA		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  Yes  10. Name and Address of New Registered Agent					
9, Name and Address of Current	negistered Agent		B1	Name	10. Name and Address of New I	registered /	agent .	
MAYO TOOD I		L		<u>.</u>				
MAYO, TODD L 1605 Main Street Suite <del>(103-</del> - ) oc	-1/	82 Stree			ddress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236	ノブ	H	<b>B3</b>					
3ANA301A FE 34230								
		[1	B4	City		FL	85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508. Florida Stalut	es, the abov	ve na	amed corpo	pration submits this statement for the pu		noina its	registered office
or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section	. Such change was authoriz	ed by the co	orpo	pration's boa	ard of directors. I hereby accept the app	ointment as	registere	ed agent. I am
•	Teor.coop, Florida Statutes	).			£	1,19	$\mathcal{I}_{n}$	
SIGNATURE Signature, typed or printed name of registered agriculars	ditile if a picanie (NC	TE: Registered A	 Agent	signature requir	ed when re-ristating)	DATE	<u></u>	
12. OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE D	☐ DEFELE	1. 1 TIT	TLE			Ţ	] Change	Addition
NAME MAYO, TODD L		1.2 NAI	ME					
STREET ADDRESS 1605 MAIN STREET SUITE 140	1004	1.3 STF	REE1 A	ACORESS				
CITY-ST-ZIP SARASOTA FL 34236		1.4 CH	Y-S1	-ZIP				
TITLE D	DEFELE	2 1 111	TLE				] Change	: Addition
NAME THOMAS, RICHARD L		2.2 NAI	ME					
STREET ADDRESS 1605 MAIN STREET SUITE 140	DE 1004	23516	REET A	ADDRESS				
CITY-ST-ZIP SARASOTA FL 34236	F-T DC(P76	2 4 CIT		-7IP		<u>-</u> -	7.0	F1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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STREET ADDRESS				ADDRESS				
CITY-ST-7IP	ריין היין ווי	3.4 CIT		-7IP			7 Chance	Addata
7:ITLE	DETEN	4. 1 111				L	] Change	: []] Addition
NAME PROFES ADDRESS		4.2 NAI						
		■ 43 CIE	KEET A	ADDRESS				
STREET ADDRESS								
DITY-ST-ZIP	LJ Delene	4.4 CIT		- ZIP			T Change	[ ] Addition
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CITY-ST-ZIP TITLE NAME	☐ DELETE	4.4 CIT 5. 1 TIT 5.2 NAI	TLE ME				] Change	: Addition
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		4.4 CIT 5. 1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	TLE ME REET A IY-ST TLE ME REET A	ADDRESS - ZIP ADDRESS				

compliance me minormation informed in this annual parties of 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 overcitor of the constraint of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or pri an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 Date