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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000079142 (2) DOCUMENT #

ILLUMINATE THE WORLD, INC.

Principal Place of Business

705-G SAMMS AVE. PORT ORANGE FL 32119 Mailing Address

705-G SAMMS AVE. PORT ORANGE FL 32119

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3339381 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible V 25 USA 29 321 Name and Address of Current Registered Agent Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name PLACENZA, JUDY A 346 PUTNAM AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 City Zip Code F 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 Horida. 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PST DELETE Change ___ Addition TITLE 1.1 TITLE PIACENZA, JUDA A 1.2 NAME NAME 346 PUTNAM AVE STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL 32174 1.4 CITY-ST-7IP CITY-ST-ZIP Change ___ Addition DELETE TITLE 21 TIFLE ROXANNE JOH PSON Johnson, Roxanne M NAME 2.2 NAME 1010 N. SWALLOWTAIL DR.: #1704 2.3 STREET ADDRES 346 PUTNAM AVE STREET ADDRESS PORT-ORANGE FL-32119 2.4 CITY - ST - ZIP OF MOND BEACH CITY-ST-ZIP DELETE Addition 3.1 1111. TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(TY-ST-Z(P CITY-ST-7IP ☐ Change TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DILETE TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this Iding 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.