

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90088 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000083066**

1. Corporation Name  
**WORLD MARKET, INCORPORATED**



Principal Place of Business 1517 1/2 SOUTH DALE MABRY HWY. TAMPA FL 33629	Mailing Address 1517 1/2 SOUTH DALE MABRY HWY. TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. <b>11502 N. NEBRASKA AVE.</b>	2a. Mailing Address 26. <b>11502 N. NEBRASKA</b>
Suite, Apt. #, etc. 22. <b>108</b>	Suite, Apt. #, etc. 27. <b>108</b>
City & State 23. <b>TAMPA, FL</b>	City & State 28. <b>TAMPA, FL</b>
Zip 24. <b>33612</b> Country 25. <b>USA</b>	Zip 29. <b>33612</b> Country 30. <b>USA</b>

3. Date Incorporated or Qualified <b>10/26/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0626249</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

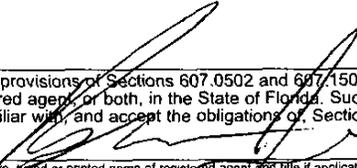
9. Name and Address of Current Registered Agent

**SCHAEFER, BRIAN**  
 1517 1/2 SOUTH DALE MABRY HWY.  
 TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>11502 N. NEBRASKA AVE.</b>
83	
84 City	<b>TAMPA</b>
85 State	<b>FL</b>
Zip Code	<b>33612</b>

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:  DATE: **1/16/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, BRIAN</b>	1.2 NAME	
STREET ADDRESS	<b>1517 1/2 S DALE MABRY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>RYAN DALE ANDREW WORSHAM</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>11502 N. NEBRASKA AVE. #108</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1/16/99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)