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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000093467 (5)

## FILED Apr 14 1998 8:00am Secretary of State

WORL	OWIDE GOLF CORP.								
Principal Plac	o of Business	Mailing Address				- 1 0001000 318 10180 0141 0031 00141 00411 00411	4181 HAN DIDAR DI		
7791 COURTYARD RUN WEST 7791 COURTYARD RUN WE									
BOCA RATON FL 33433 BOCA RATON FL 33433			3			DO NOT WRITE IN THI	S SDACE		
						3. Date Incorporated or Qualified	3 OF AUL		
						12/08/1995			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For			
21		26				13-3870462	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22 City & Stat	<u> </u>	City & State				A 50 10 000 1 5000 1		lequired	
23		28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the co			
24	25 29		30			Personal Property Tax due June 30.		No No	
	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agen			d Agent			
NA NA	rang, leela			81 N	ame				
,	91 COURTYARD RUN WEST			<b>82</b> St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
BC	ICA RATON FL 33433								
				83					
				84 Ci	ty		<b>85</b> Zip	Code	
44 Division	to the provinces of Costions CO7 OLG	22 and CO7 1EO9. Florido Ptot.	doc the el	2010 00	mod corpo	ration submits this statement for the purpose		ito conjutured	
office or i	rogistered agent, or both, in the State	of Horida, Such change was	authorized	d by the	corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the a	opointment as	s registered	
_	im familiar with, and accept the oblig	1, 2000/06 ot, Section 607.	iorida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC)	TE: Registered	Agent sig	rature required	when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 TIT(		}		Change	Addition	
NAME	NARANG, LEELA	1.2 NAME		ME	1				
STREET ADDRESS	5 SLEEPY HOLLOW RD	1.3 \$1		REET ADDE	RESS				
CITY-ST-ZIP	WESTPORT CT 06880			TY - ST - ZIF	·				
TITLE	S VANUOU DEMETOUIO	☐ DELETE	2.1 ][		}		Change	Addition	
NAME	YANKOU, DEMETRIUS 4330 CHRISTINA COURT			2.2 NAME					
STREET ADDRESS	CUMMING GA 30130		2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP		1			}	
CITY-\$T-ZIP TITLE	DELETE			3.1 II)LE			Change	Addition	
NAME			3.2 NA						
STREET ADDRESS				RECT ADDE	ess				
CITY-S1-ZIP				TY-ST-ZII	1			}	
TETLE	<del></del>		4.1 TO		<u> </u>		Change	Addition	
NAME			4. 2 N	AME				ļ	
STREET ADDRESS			4.3 S1	REET ADDF	RESS	·			
CITY-ST-ZIP				44 CITY-ST-ZIP					
TITLE		DELETE		5.1 TITLE			☐ Change	Addition	
NAME			5.2 NA						
STREET ADDRESS				REET ADDR	- 1				
CITY-ST-ZIP		DELETE		IY-SI-ZIP	<u> </u>		Change	Adding	
TITLE		רין הנינונ	6.1 317 6.2 NA		ĺ		∐ Change	☐ Addition	
NAME Street address			6.2 NA		ree	,		}	
				REET ADDA					
CITY-ST-ZIP			6.4 CIT	IY-ST-ZIP	-11-0			- <del></del>	

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 shell 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 Demotrinus MANICON

4-5-98