

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000097538 (9)**

1. Corporation Name

WORLD WIDE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**2152 BLUE IRIS PLACE
LONGWOOD FL 32779**

**2152 BLUE IRIS PLACE
LONGWOOD FL 32779**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VIYULIE, SUBHASH
2152 BLUE IRIS PLACE
LONGWOOD FL 32779**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/27/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3349318

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

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Yes

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No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and agent's address

(NOTE: Registered Agent's name, required when not existing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D VIYULIE, SUBHASH**
STREET ADDRESS **2152 BLUE IRIS PLACE**
CITY - ST - ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96 (407)333-0451

CR2E034 (3/96)