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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097539 (7)

1. Corporation Name

NETWORLD DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
343 ALMERIA AVENUE CORAL GABLES FL 33134	343 ALMERIA AVENUE CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
21 1501 Corporate Drive	26 1501 Corporate Drive
Suite, Apt. #, etc 22 260	Suite, Apt #, etc 27 260
City & State 23 Boynton Beach, Florida	City & State 28 Boynton Beach, Florida
Zip 24 33426 / Country 25 USA	Zip 29 33426 / Country 30 USA

3. Date Incorporated or Qualified: 12/27/1995
3a. Date of Last Report:
4. FEI Number: 65-0669990 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: AmeriLawyer Chartered
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 AmeriLawyer Chartered By: Natalia Utrera, Vice Pres. 6/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P, D	[ ] Change [X] Addition
1.2 NAME	Clifford N. Kelley	
1.3 STREET ADDRESS	1501 Corporate Drive #260	
1.4 CITY-ST-ZIP	Boynton Beach, Florida 33426	
2.1 TITLE	S,T	[ ] Change [X] Addition
2.2 NAME	Mary Duncan	
2.3 STREET ADDRESS	1501 Corporate Drive, #260	
2.4 CITY-ST-ZIP	Boynton Beach, Florida 33426	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME	500001880855	
4.3 STREET ADDRESS	-07/01/96--01054--020	
4.4 CITY-ST-ZIP	***225.00	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	6-28-96	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifford N. Kelley, Pres. 6/10/96 (407)731-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)