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 # P96000049070 (1)

FILED Apr 15 1998 8:00am Secretary of State

WORLD	TRADENET, INC.	•			
Principal Plac	e of Business	Mailing Address		E Chatinal till thind birt Maitt Batti antit antit	BIGIO LALLI BOTTI LODII DOTI 1801
800 2ND AVE S SUITE 340 ST PETERSBURG FL 33701 ST PETERSBURG FL 337				DO NOT WRITE IN THI	IS SPACE
				3. Date incorporated or Qualified	
				06/06/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3383713	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & Ctoto			Fee Required
City & Stat	ď	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	28 Zip	Country		
24	25	_ 	30	This corporation owes or has paid the corporation owes.	Current year intangible ☐ Yes ☐ No
	g. Name and Address of Curre		301	10. Name and Address of New Registere	
DA	RKER, J K		81 Name		
	D 2ND AVE S SUITE 340		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL 33701		92 Sheet war	ress (P.O. Box Number is Not Acceptable)	
0.	TEXALOGORIGATE GOTOT		83		
					[a=1 7:- 01-
			84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	spent and title if applicable (NOTE	Registered Agent signature requ		
12.	P OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	•	DECEIE	1.1 TITLE		C Cuange C Addition
NAME STREET ADDRESS	PARKER, J K 800 2ND AVE SO #340		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	OT TETERODORIO TE	☐ DELETE	2.1 TITLE		Change Addition
NAME		-	2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		···········	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	,		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·	Decemen	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-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 ceth; that I am an officer or director of the corporation or the receiver or trastee 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 an an attachment with an address.

SIGNATURE:

813822-2492