## 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

OCUMENT # P96000049446 (3	OCUMENT #	P96000049446	(3)
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## FILED Apr 02 1998 8:00am Secretary of State

WEB W	orkx international, in	C.				
Principal Place	of Business	Mailing Address			i debuesi da sens enti deni seni seni seni seni	ira sarii mimit minsu afti (mbi
3497 ALL AME		3497 ALL AMERICAN BL	/D			
ORLANDO FL 32810 ORLANDO FL 32810				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified	
					06/11/1996	
2. Principal Pl	ace of Business	2a, Mailing Address	<del></del>	<del></del>	4. FEI Number	Applied For
21		26			59-3402820	Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		•	6. Election Campaign Financing	\$5.00 May Be
23		28	<del>,</del>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	<b>B.</b> This corporation owes or has paid the co	
24	25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
1.50	g, Name and Address of Currer	it Hagistered Agent	8	1 Name	10. Name and Address of New Registered	- Wasin
	TIT, SCOTT		Ľ			
	7 ALL AMERICAN BLVD		8	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
UKL	ANDO FL 32810		8:	3		
			8	1 City	FI	85 Zip Code
11. Pursuant t	a the provisions of Sections 60/1050	12 and 607 1508. Florida Statul	es, the abo	ve-named c	orporation submits this statement for the purpose	of changing its registered
office or re	gistered agent, or both, in the State	of Florida. Such change was	authorized b	by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
		alions of, Section 607.0505, Fr	orida Statuti	:55.	z/2.	/DB
SIGNATURE	Signature, typied or printed name of registered agr	intend title if applicable (NOT	E: Registered A	gent signature re	quired when reinstating) DATE	1 · 1 · 9 · · · · · ·
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 THLE			☐ Change ☐ Addition
NAME	LEVITT, SCOTT		1.2 NAME			
STREET ADDRESS	3497 ALL AMERICAN BLVD		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CITY	ST-ZIP		
TITLE		DELETE	2.1 TOLE	1		Change Addition
NAME			2.2 NAME			1
STREET ADDRESS			23 STRE	ET ADDRESS		
CITY-ST-ZIP		- In an are	2. 4 CITY			Observe Daddeler
TITLE		☐ DELETE	3.1 TITLE	<b>,</b>		Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS				F1 ADDRESS		ļ
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE			Change Addition
TITLE			4.1 TILLE	j		
NAME OTOGET ADDRESS				j		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	!		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	}		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			6.4 CITY	1		

14. Thereby 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 of 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 18 if changed, or on an atlactment with an address.

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3/2/20