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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90093 048 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9600057602

SIGNATURE:

WORLD ELITE ENTERTAINMENT, INC.

Principal Place	of Business	Mailing Address			
7937 WELLWYND WAY BOCA RATON FL 33496		PO BOX 811022 BOCA RATON FL 33481 US			
					DO NOT WRITE IN THIS SPACE
		30			3. Date Incorporated or Qualifed
	•				06/27/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0704976 Not Applicable
Suite, Apt. #, etc.		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			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		У	8. This corporation owes the current year Intangible
24	25	29 3	<u>o\</u>		Personal Property Tax.  Yes  No  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
CUM	IMISSO, ROCCO		°	INAME	
7937 WELLWYND WAY		82 Street		2 Street /	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33496			8	3	
THE STATES			ľ	<u> </u>	
2607 1 24 1 19 44	r _= 465+		8	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abo	ve-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.					
A CONTRACT OF THE STATE OF THE					
SIGNATÜRE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Ag	ent signature re	equired when reinstating) DATE
12.	* OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE	: <u> </u>	Change Addition
NAME ,	COMMISSO, ROCCO		1.2 NAME	.	· .
STREET ADDRESS	7937 WELLWYND WAY		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-	ST-ZIP	
TITLE		DELETE 2.1 π		.	Change Addition
NAME	2.2		2.2 NAME	: 1	
STREET ADDRESS	•		2.3 STRE	ET ADDRESS	
. City-st-zip	5a:		2.4 CITY		
TITLE			3.1 TITLE		Change Addition
NAME	3.2 N		3.2 NAME	<b></b>	1.
STREET ADDRESS	ADDRESS:		3.3 STREET ADDRESS		, ,
CITY-ST-ZIP	·		3.4. CITY	-ST-ZIP	
ΠLE	DELETE 4.1 TI		4.1 TITLE	: Ì	, Change Addition
NAME			4.2 NAME		,
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP.			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMI	E	
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		<u> </u>
ΠΊLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		•	6.2 NAM	E	1
OTOCCT ADODCCC	· ·		6.3 STRE	ET ADDRESS	

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 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 changes of an attachment with an address, with all other like empowered.