## 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 # P96000061565 (3)

| WORLDWIDE INVE  | STMENT PARTNE   | RS, INC.  |   |                 |                             |   |  |                                |                                   |                    |                            |
|---|---|---|---|-----------------|-----------------------------|---|--|--------------------------------|-----------------------------------|--------------------|----------------------------|
| 13902 N DALE MABRY HWY. SUITE 118   |   | 13902 N DALE MABRY H  | WY. SUITE                                 | 118             | l .                         |   |  |                                |                                   |                    |                            |
| TAMPA FL 33618  |   | TAMPA FL 33618  |   |                 |                             |   | DO NOT WE  | RITE IN THIS                   | SPACE                             |                    |                            |
|   |   |   |   |                 |                             | 3. Date In  | ncorporated or Qualific                            | ed                             |                                   |                    |                            |
|   |   |   |   |                 |                             | 07/2  | 2/1996   |                                |                                   |                    |                            |
| 2. Principal Place of Business 1 Suite, Apt. #, etc 2 City & State 3              |   | 2a. Mailing Address   |   |                 |                             | 4. FEI Nu   |  |                                |                                   | Ap                 | plied For                  |
|   |   | 26  |   |                 |                             | 59  | 3389501  |                                |                                   |                    | t Applicabl                |
|   |   | Suite. Apt. #, etc.   |   |                 |                             | 5, Certific   | cate of Status Desired                             |                                | \$8.75 Additional<br>Fee Required |                    |                            |
|   |   | City & State  |   |                 |                             | Election Campaign Financing     Trust Fund Contribution |  |                                | \$5.00 May Be Added to Fees       |                    |                            |
| Zip 25  | Country   | Ζην<br>29 30  |   |                 | Country                     |   | orporation owes or has<br>nal Property Tax due J   | •                              | rrent ye                          |                    | angible<br>No              |
| g, Name an  | d Address of Current I  | Registered Agent  |   |                 |                             | 10. Name  | and Address of New                                 | Registered                     | Agent                             |                    |                            |
| 13902 N DALE MABRY HWY, SUIT<br>TAMPA FL 33818                                    |   | 82 Street /   |   |                 | Street Addre                | dress (P.O. Box Number is Not Acceptable)               |  |                                |                                   |                    |                            |
| 11. Pursuant to the provision office or registered agen agent. Lam familiar with, | s of Sections 607 0502 it, or both, in the State of and accept the obligation | and 607.1508, Florida Statut<br>Florida, Surb change was a<br>ons of, Section 607.0505, Flo | es, the abo<br>authorized<br>orida Statut | by<br>by<br>es. | named corp<br>the corporati | oration subm<br>ion's board o                           | nits this statement for the directors. I hereby ac | FL<br>ne purpose occept the ap |                                   | ging its<br>ent as | s registered<br>registered |
| SIGNATURE Storestore Storestore   | ente l'aveca al-trop desertaques.   | e d title d apply about   | F Registered A                            | Agan            | t signature requir          | ed when reinstalin                                      | NG)  | DATE                           |                                   |                    |                            |
| 12.   | OFFICERS AND I  |   |   |                 |                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I           |  |                                |                                   | S IN 12            |                            |
| TOTALE VPST   |   | ☐ DELETE  | 1.1 TITLE                                 | E               |                             |   |  |                                | Ch                                | ange               | Additio                    |
| VAME HUTEK, S1  | even e.   |   | 1.2 NAM                                   | Ε               |                             |   |  |                                |                                   |                    |                            |
| STREET ADDRESS 13902 N DALE MABRY 118   |   |   | 1.3 STRE                                  | £T A            | ADDRESS .                   |   |  |                                |                                   |                    |                            |
| DITY-ST-ZIP TAMPA FL  |   |   | 1.4 City                                  | -ST             | - ZIP                       |   |  |                                |                                   |                    |                            |
| TETLE   |   | ☐ DELETE  | 2.1 TITLE                                 | Ε               |                             |   |  |                                | Ch                                | ange               | Addition                   |
| NAME  |   |   | 2.2 NAM                                   | ΙE              | 1                           |   |  |                                |                                   |                    |                            |
| STREET ADDRESS  |   |   | 23 STRE                                   | ET A            | ADDRESS                     |   |  |                                |                                   |                    |                            |
| CITY-ST-ZIP   |   |   | 2 4 CITY                                  |                 | r- ZIP                      |   | <u> </u>   |                                |                                   |                    |                            |
| TITLE   |   | ☐ DELETE  | 3.1 TITLE                                 |                 |                             |   |  |                                | ☐ Ch                              | ange               | Additio                    |
| NAME .  |   |   | 32 NAM                                    | E               |                             |   |  |                                |                                   |                    |                            |
| STREET ADDRESS  |   |   | 3.3 \$TRE                                 | ET A            | ADDRESS                     |   |  |                                |                                   |                    |                            |
| CITY-ST-ZIP   |   |   | 3.4 CITY                                  |                 | T- ZIP                      | *****   |  |                                | <u> </u>                          |                    |                            |
| TITLE   |   | ☐ DELETE  | 4.1 TITLE                                 |                 |                             |   |  |                                | L CH                              | ange               | Additio                    |
| NAME  |   |   | 4. 2 NAN                                  |                 |                             |   |  |                                |                                   |                    |                            |
| STREET ADDRESS  |   |   |   |                 | ADDRESS                     |   |  |                                |                                   |                    |                            |
| CITY-ST-ZIP   |   |   | 4.4 CITY                                  | - 51            | - ZIP                       |   |  |                                |                                   |                    |                            |

14. Thereby certify that the information supplied with this bling 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 suppliemental 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 changed, or or an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

565765

STEVEN E. HUTTEL

DELETE

DELETE

1/30/98

(813) 962-3335

Change

Change

\_\_\_ Addition

Addition

**FILED** 

Feb 13 1998 8:00am

Secretary of State