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

Mailing Address

2a. Mailing Address

4101 NORTH GALLAGHER ROAD

PLANT CITY FL 33565-3673

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PLANT CITY FL 33565

4101 NORTH GALLAGHER ROAD

2. Principal Place of Business



appears in Block 12 or Block 13 if changed, or on an attachment with an address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061599 (2)

WORLD CLASS IMPORT-EXPORT, INC.

FEI Number 9 - 3394 Applied For 26 Not Applicable Suite, Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional \Box Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAYTON, JAMES W JR MARIAN 4101 NORTH GALLAGHER ROAD B2 PLANT CITY FL 33585 Zip Code 33565 R4 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND INDECTORS 13. DELETE Change Addition 1 1 TITLE TITLE TON JAMESW. JR. LAYTON, JAMES W JR 1.2 NAME NAME 101 N. GALLABHER Rd. 4101 NORTH GALLAGHER ROAD 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33585 CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change **X** Addition 2.1 TITLE THE MON MARIAN J. 22 NAME NAME 4101 N. GALAGHER RD. STREET ADDRESS 23 STREET ADDRESS CITY - ST - 2IP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY-ST-ZiP DELETE Addition Change 4.1 TITLE Tillif 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CI1Y+S1-2IP DELETE Change Addition 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP __ DELETE 6.1 TITLE Change ___ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-\$1-ZIP 14. I do 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

FILED May 02 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified

07/23/1996