


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

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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000065220 (1) 1. Corporation Name WORLDWIDE BUSINESS SERVICES, INC.					
Principal Place of Business 2433 THOMAS DRIVE, SUITE 170 PANAMA CITY FL 32408			Mailing Address 2433 THOMAS DRIVE, SUITE 170 PANAMA CITY FL 32408-5808		
2. Principal Place of Business 21 N/A Suite, Apt #, etc.		2a. Mailing Address 26 N/A Suite, Apt #, etc.		3. Date Incorporated or Qualified 08/02/1996	
22 City & State		27 City & State		3a. Date of Last Report N/A	
23 Zip Country		28 Zip Country		4. FEI Number 59-3367615	
24		25		5. Certificate of Status Desired Not Applicable	
26		27		6. Election Campaign Financing Trust Fund Contribution	
28		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
30		31		8. Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JENKINS, JOHN R 2433 THOMAS DRIVE, SUITE 170 PANAMA CITY FL 32408			10. Name and Address of New Registered Agent		
81 Name N/A			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code FL			86		
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 Type and print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE President 1.2 NAME V.B. Martinelli 1.3 STREET ADDRESS 2325 Magnolia Dr. 1.4 CITY-ST-ZIP Panama City Bch Fl. 32408			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: V. B. Martinelli SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4/15/97 1-904-233-1680

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