	F	PLEASE READ	ALL INST	RUCTION	IS BEFORE	COMPLET	ING THIS FO	RM.	
AP REI	PLICATI FOR SATE	ON A		A DEPARTM Katherine Secretary of IVISION OF COR	of State		FILED JECKETARY OF VISION OF CORE	STATE PORATIONS	
1. Corpor	UMENT ation Name	1 00000				99 OCT 21 AM 9: 36			
WORL	DWIDE B	USINESS SER\	'ICES, IN	C.				•	
•	Principal Place of Business Mailing Addre				_		a ikirk birni serili keriki balir b		
2433 THOMAS DRIVE SUITE 170 2433 T PANAMA CITY FI 38408 PANAI			2433 THOMA PANAMA CIT	DRIVE SUITE 17 Y EX32408	70				
		correct in any way, line thr					19 90017 02	LO \$150.00	
Principal Office Address, If Applicable  2605 THOMAS DRIVE  Suite, Apt. #, etc.			2605	ing Office Address THOMAS I		4. Date Incorporated or Qualified To Do Business In Florida  (\hat{N}/2/1996)			
SUITE 200				Suite, Apt. #, etc. SUITE 200			FO 000704F	Applied Fo	
PANAMA CITY FL			PANAM		FL untry	6\$8.75_Additional Fee		\$8.75 Additional Fee rec	
3240	·	BAY	32408	BZ	AY	<u> L</u>	E OF STATUS DESIRED [	for a Certificate of Sta	tus
	and Street Add	resses of Each Officer and Name of Officers	or Director (Flo	orida nonprofit cor	Street Address of Eac	:h		it. I State I Zin	
Title(s)	and/or Directors		3		Officer and/or Directo		4 Ony / State / Zip		
P	MARTINELLI	DE,		2325 MAGNO	LIA DRIVE		PANAMA CITY BE	F S I ATE PORATIO  M 9: 36  10	
	1.	NELLI, D. E.							
	Name and Address of Current Registered Ag			ent	· · · · · · · · · · · · · · · · · · ·	9. Name and Address of New Registered Agent			
					Name	ELLI, D.			
	INELLI, DE MAGNOLIA DI			Street Address (P.O. Box No. 2325 MAGNOL.) Suite Ant # Fig.			is Not Acceptable)		
	MA CITY BEA	-			Sulta Ant # Fi	, ,	(		
					City PANAMA	CITY BE	ACH		
	g appointed the	egistered agent of the alt	we-named corp	oration, am familie	ar with and accept the o	obligations of Sect	ion 607.0505, F.S.		
Signature d Registered	ot I Agent	y www.	GISTEREDAC	SENT MUST SIGN	[2 (* [5])   2 2 		Date10/	19/99	
this rei	instatement appl by the corporation	ication, the reason for diss	olution has beer names of Individ	eliminated, the c duals listed on this	orporate name satisfier form do not qualify for	s the requirements r an exemption un	of section 607.0401 or	617.0401, F.S., that all fee	s
SIGNA <sup>.</sup>		NATURE AND TYPED OR PR	ILINE NTED NAME OF	UU SIGNING OFFICER	OR DIRECTOR		10/19/9	90	401
		D. E. Martir	elli						

## Worldwide Business Services, Inc.

October 19, 1999

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

RE: WORLDWIDE BUSINESS SERVICES, INC.

To Whom It May Concern:

In talking with Stacey in your department today, 10/19/99, we have paid the necessary \$150.00 filing fee – your records show you received it on February 25<sup>th</sup>, 1999. The <u>only</u> changes are (please note on the enclosed form).

If you have any questions, please call us at 1-800-235-3401.

Kind Regards,

D. J. (Dave) Martinelli

President/CEO

Enclosure Cc: File

