Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000070514

1. Corporation Name

Principal Place of Business

WORLD SUCCESS TODAY, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90226 001 \*\*\*150.00



3100 NE 48 ST APT 517 FT LAUDERDALE FL 33308 US		3100 NE 48TH ST APT 517 FT LAUDERDALE FL 33308 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/23/1996		
2. Principal Pl	ace of Business	2a, Mailing Address		**	4. FEI Number	A	pplied For
21		26			65-0700454	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee R	Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be -			
23		28			Trust Fund Contribution	Added	I to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Ir	ntangible □Yes	₩No
24   25   29   30				Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
GOV	AERT, GUI L		"	Ivanic			
4100 N MIAMI AVE MIAMI FL 33127			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
l				<u> </u>			
			84	City	Fi	85   Zip	Code
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							
	Signature, typed or printed name of registered agent a			nt signature requir	red when reinstating) DATE	ND DIDECT	000 (1) 40
<u>12.</u>	OFFICERS AND	DELETE	13.	·	ADDITIONS/CHANGES TO OFFICERS A	Change	
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NAME	DEBEAUFFORT, FREDERIC C		1.2 NAME				
STREET ADDRESS	3100 BE 48TH ST #517		1	TADDRESS			{
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NAME			2.2 NAME	]			]
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NAME			3.2 NAME				l
STREET ADDRESS				TADDRESS			
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NAME .				TADDRESS			Í
STREET ADDRESS			5.4 CITY- 9				
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TITLE		□ DEFE+£	6.2 NAME			L. Griange	
NAME				TADODECC			ſ
STREET ADDRESS			I	T ADDRESS	•		Ì
CITY-ST-ZIP			6.4 CITY-S	11-ZIP			

14. I hereby certify that the information supplied with this filling 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