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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071602 (2)

WORLD WIDE LOCAL, INCORPORATED

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				E HODINGOL HID (DANG DINI) DONG DON			18 i 196 i
4785 LYNBROOK DRIVE 4785 LYNBROOK DRIVE JACKSONVILLE FL 32207		,		DO NOT WR	TE IN THIS SPAC	DE .	
				3. Date incorporated or Qualifie	d		
				08/28/1996			
2. Principal Place of Business 2a. Malling Add		ess		_		Applie	
21	26			59-3397096			
Suite, Apt. #, etc. 27 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State 28		 g, Election Campaign Financing Trust Fund Contribution 	, , , , , , , , , , , , , , , , , , , ,			
Zip Country	Zip	Countr	У	8. This corporation owes or has paid the current year intangible			
24 25	29	30		Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent			
9. Name and Address of Current F	legistered Agent	81	Name	10. Name and Address of New	Registered Ager	<u> </u>	
PAYNE, LEE			or reache				
4765 LYNBROOK DRIVE JACKSONVILLE FL 32207			82 Street Address (P.O. Box Number is Not Acceptable)				
		63					
		84	City		FL 85	Zip Cod	1 0
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida Such change was a	authorized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby accounts	purpose of char cept the appointm	nging its re nent as reg	gistered pistered
SIGNATURE							
Signature, typed or proted name of registered agent and title if applicable (NOTE R 12. OFFICERS AND DIRECTORS		13.	ent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OF	DATE	ECTORS I	N 12
TITLE PTD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF			Addition
NAME PAYNE, LEE		1.2 NAME	1				_ · · · · · ·
REET ADDRESS 4765 LYNBROOK DRIVE		4	T ADDRESS				!
	IAOVOONBLAF EL COCCE		ST-ZIP				
TITLE	DELETE 2.1 TI		U(2			Change [Addition
NAME		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS				í
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		ST-ZIP				i
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Crty-st-zip			ST-ZIP				
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CITY-SI-ZIP		4.4 CITY-	ST-ZIP				
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NAME		5.2 NAME	[Ì
STREET ADDRESS		5.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP		5.4 CITY-	ST-ZIP				1.100
TITLE	☐ DEL€TE	6.1 TITLE			□ (Change [_l Addition
NAME							
STREET ADDRESS		6.2 NAME					I
			T ADDRESS				

Thereby 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 informatic 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 ameriment with an address.