## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073105

WORLD IMPORT DEPOT, INC.

## FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90014 050 \*\*\*550.00



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|--|--|--|---|---|---|
| Principal Place of Bus   | siness   | Mailing Address  |   | I (BALLENI (IA IALLA ALILI ARILI A        | DIST BUTTI GOTTS INDAND ITTEL TIRST DATES OFTE TODS   |
| 12704 DUPONT CIRCL   | .E   | 12704 DUPONT CIRCLE  |   | <b>\</b>                                  |   |
| TAMPA FL 33626 TAMPA FL 33626  |  |  | DO NOT WIDE   | TO IN THIS COACE                          |   |
|  |  |  |   |   | E IN THIS SPACE   |
|  |  |  |   | 3. Date Incorporated or Qualified         |   |
|  |  |  |   | 09/04/1996<br>4. FEI Number               | Applied For   |
| 2. Principal Place of I  | Business   | 2a. Mailing Address 26 P.O. Box  | 12218   | 59-3399896                                | Not Applicable  |
| 21   |  | 25 P.O. Box Suite, Apt. #, etc.  | 10010   | 29-2299090                                | -[75-Additional   |
| Suite, Apt. #, etc.  |  | 27   |   | 5. Certificate of Status Desired          | Fee Required  |
| City & State   |  | City & State   |   | 6. Election Campaign Financing            | \$5.00 May Be   |
| 23   |  | 28 Oldsmac   | FI  | Trust Fund Contribution                   | Added to Fees   |
| Zip  | Country  | Zip Zip  | Country   | 8. This corporation owes the curre        |   |
| 24   | 25   | — — · · · — · · · ·  | 30  | Intangible Personal Property.             | Yes No  |
| 9. N   | lame and Address of Curr   |  |   | 10. Name and Address of New R             | egistered Agent   |
|  |  |  | 81 Name   | ( . ). · I D                              |   |
|  | MICHAEL T  |  |   | Ley DAVID D                               |   |
| 911 CHES   | STNUT STREET   |  | 82 Street Add   | rese (P.O. Box Number is Not Accepta      | Die)  |
| CLEARWA  | TER FL 34616   |  | 83  |   | /   |
|  |  |  |   | 104 Dupont C.                             | scle  |
|  |  |  | 84 City_  |   | FL 85 Zip Code 33626  |
| <del></del>  |  | 502 and 607 1508 Florida Statutes  | s the above-named corno   | no A                                      |   |
|  | ייטט פווטוטשפ וט פווטופועטוע   | te of Florida Such change was a  | whereard by the corporati   | ion's board of directors. I hereby accept | t the appointment as registered   |
| office or register   | ed agent, or both, in the Sta  | ite oi r iorida. Ouch Grango nas a   | unionzed by the corporati   |   |   |
| 11. Pursuant to the poffice or register agent. I am fami   | ed agent, or both, in the Sta<br>iliar with, and accept the obl              | in tions of section 607.0505, Flo  | orida Statutes.   |   |   |
| SIGNATURE  |  | <i>5</i> 65  |   |   | DATE  |
| SIGNATURE  | , typed or printed name of registered a                                      | gent and tile if applicable. (NO   | utiforized by the corporativida Statutes.  TE: Registered Agent signature req   | guired when reinstating)                  | DATE  |
| SIGNATURE Signature  | , typed or printed name of registered a                                      | gent and the if applicable. (NO<br>AND DIRECTORS                                       | TE: Registered Agent signature req  | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12   |
| SIGNATURE Signature 12. TITLE D  | typed or printed name of registered a  | gent and tile if applicable. (NO   | TE: Registered Agent signature req  | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12   |
| SIGNATURE Signature  12. TITLE D NAME MCI  | typed or printed negotiansgistered a OFFICERS A                              | gent and the if applicable. (NO<br>AND DIRECTORS                                       | TE: Registered Agent signature req  | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12   |
| SIGNATURE  12. TITLE D  NAME MCI STREET ADDRESS 127  | typed or printed negative spistered a OFFICERS A  KAY, RICK O4 DUPONT CIRCLE | gent and the if applicable. (NO<br>AND DIRECTORS                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12   |
| SIGNATURE   Signature   12.  | typed or printed negotiansgistered a OFFICERS A                              | gent and the propicable. (NO<br>AND-DARECTORS  DELETE                                  | TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME   | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12  Change Addition  |
| SIGNATURE  12. TITLE D MCI STREET ADDRESS 127' CITY-ST-ZIP TAN TITLE D   | OFFICERS A  AY, RICK O4 DUPONT CIRCLE IPA FL 33626                           | gent and the if applicable. (NO<br>AND DIRECTORS                                       | TE: Registered Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  12.  TITLE D MCI STREET ADDRESS 127' CITY-ST-ZIP TAN TITLE D NAME Ke  | OFFICERS A  AY, RICK 04 DUPONT CIRCLE  1PA FL 33626                          | gent and offer implicable. (NO AND DIRECTORS DELETE                                    | TE: Registered Agent signature req  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME  | guired when reinstating)                  | DATE FICERS AND DIRECTORS IN 12 Change Addition   |
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I 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.

----ATURE

SIGNATURE AND THESE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #