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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

561 394 5064

Sandra B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # P96000074272 (1)

WORLDWIDE REPRODUCTIONS, INC.

Principal Place of Business Mailing Address 180 GLADES ROAD 180 GLADES ROAD BOCA RATON FL 33432-1605 **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1996 2. Principal Place of Business 2a, Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, 24 26 29 Florida Statutes Yes 🔲 No 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Tegestered Agent 81 Name MOLYNEUX, BERNARD **570 GOLDEN HARBOR DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 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** (NOTE: Registored Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition TITLE 1.5 TITLE MOLYNEUX, BERNARD NAME 1.⊉ NAME **570 GOLDEN HARBOR DRIVE** STREET ADDRESS 1.8 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE **ROWAN, MICHAEL** NAME 2.2 NAME **570 GOLDEN HARBOR DRIVE** STREET ADDRESS 2.8 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.-2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETÉ ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.8 STREET ADDRESS 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)(1), 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

on an attachment with an address.