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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000077099 (5)

WORLDWIDE IMPORTS OF PALM BEACH, INC.,

## **FILED** Mar 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				a samerade sim smein mater maret bittle		Did idii	# 1811 19 B1	
180 GLADES I	180 GLADES ROAD									
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	TITIO OF ACC	<del>-</del>	<del></del>	
						09/17/1996				
2. Principal Pl	ace of Business	2a, Mailing Address		-		4. FEI Number	<del></del>	An	plied For	
21 1240	1 4 4 4	26 1240 Nemoor	t Counte	ا س	)c	65-0695003	f	<del>-+-</del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u> </u>		¬ \$8		Additional	
22		27				5. Certificate of Status Desired	, , ,	-	quired	
City & State		City & State				6. Election Campaign Financing	\$5	5.00	May Be	
23 Deerf	ield. Florida	28 Deer field.	Horid	a		Trust Fund Contribution			o Fees	
Zip	Country Zip Cou			1		8. This corporation owes or has paid	the corrent ye	ear Inte	angible	
24 <u>334</u> L	25		30			Personal Property Tax due June 30			No	
· <del></del>	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	stered Algent			
MO	Lyneux, Bernard		B1	Nar	16					
570 GOLDEN HARBOR DRIVE			62	62 Street Address (P.O. Box Number is Not Acceptable)						
BOO	CA RATON FL 33432									
			83							
			84	City			85	Zip C	Code	
				0,			FL "	_,p \	,,,,,	
office or re	io the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiar with, and accept the obligati	Florida. Such change was a	uthorized by	the c	ed corpo orporation	oration submits this statement for the purp on's board of directors. I hereby accept t	pose of chang he appointme	jing its Int as i	s registered registered	
SIGNATURE .	Signature, typed or printed name of registered agent	and him if and a bla	Desirent Ac			ed when reinstating)	DATE			
12.	OFFICERS AND		13	ent algine	rote require	ADDITIONS/CHANGES TO OFFICER		CTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE			ADDITIONAL PROCESS TO STATE OF	□ Ch		Addition	
NAME	MOLYNEUX, BERNARD	_	1.2 NAME		l		_	•	<del></del>	
STREET ADDRESS	570 GOLDEN HARBOR DRIVE		1.3 STREET	ADDRE	25					
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 City - S		1					
TITLE	DOOR HATON 1 E 30402	DELETE	2.1 TITLE	11-711			T Ch	nange	Addition	
NAME		<u></u>	2.2 NAME		-					
STREET ADDRESS			2.3 STREET	ANDRES	ای					
CITY-ST-ZIP			2.4 CITY-1		<b>`</b>					
TITLE		DELETE	3.1 TITLE	J1 E11		<del></del>	[_ Ch	ange	Addition	
NAME		<del></del>	3.2 NAME		i		_	•		
STREET ADDRESS			3.3 STREET	ADDRE	ای					
CITY-ST-ZIP			3.4. CITY-5		<b>*</b>					
TITLE		DELETE	4.1 TITLE		-		Ch	ange	Addition	
NAME		<del>-</del>	4. 2 NAME					-		
STREET ADDRESS			4.3 STREET	ADDRES	s					
CITY-ST-ZIP			4.4 CITY-S		-					
TITLE		DELETE	5.1 TITLE		+		[ Ch	ange	Addition	
NAME		- <del>-</del>	5.2 NAME				-	-		
STREET ADDRESS			5.3 STREET	ADDRES	s					
CITY-ST-ZIP			5.4 CITY-S		-				ļ	
TITLE		DELETE	6.1 TITLE	. 211	+		☐ Ch	ange	Addition	
NAME		. —	6.2 NAME					-		
STREET ADDRESS	• •		6.3 STREET	ADDRES	s				ļ	
CITY-ST-ZIP			6.4 CITY-S		<u> </u>					
14 Thereby o	ertify that the information supplied with	this filing does not qualify for	the exemp	tion st	ated in §	Section 119.07(3)(i), Florida Statutes. I fur	ther certify th	at the	information	
indicated of	on this annual report or supplemental a	innual report is true and accu	rate and the	at my report	signature	e shall have the same legal effect as if ma ired by Chapter 607, Florida Statutes; and	ade under oa d that my nan	th; tha	t I am an bears in	
Block 12 o	or Block 13 if changed, or on an attach	ment with an address.				, complete state of the state o	max 111 <b>3</b> 17 <b>0</b> 111			

SIGNATURE: