

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000087826 (9)**  
1. Corporation Name  
**WORLDWIDE FINANCIAL MANAGEMENT ASSOCIATES, INC.**



Principal Place of Business  
**PO BOX 581572  
MINNEAPOLIS MN 55458**

Mailing Address  
**PO BOX 581572  
MINNEAPOLIS MN 55458-1572**

3. Date Incorporated or Qualified  
**10/23/1996**

3a. Date of Last Report  
**N/A**

4. FEI Number  
**41-1853810**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 **2699 Collins Avenue**  
Suite, Apt. #, etc.  
22 **Suite 107-108**  
City & State  
23 **Miami Beach, FL**  
Zip  
24 **33140**

2a. Mailing Address  
26 **1521 Alton Rd.**  
Suite, Apt. #, etc.  
27 **Suite 364**  
City & State  
28 **Miami Beach, FL**  
Zip  
29 **33139**  
Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**WOLFE, LARRY  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent  
81 Name  
**Kaye Anderson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1521 Alton Rd., Suite 364**  
83  
84 City  
**Miami Beach** **FL** 85 Zip Code  
**33139**

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: **Kaye Anderson, President** *Kaye Anderson* **2/10/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, KAYE</b>	
STREET ADDRESS	<b>PO BOX 581572 N/A</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55458</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Anderson, Kaye</b>
1.3 STREET ADDRESS	<b>1521 Alton Rd., Suite 364</b>
1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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.

SIGNATURE: **Kaye Anderson** *Kaye Anderson* **2/10/96** **800-934-0568**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)