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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PORNONRRA12 (7)

FILED Apr 03 1997 8:00am Secretary of State

	R WORLD, INC.	Addition Addition				
Principal Place of Business 4146 BALD CYPRESS DRIVE DELAND FL 32724		Mailing Address 4146 BALD CYPRESS D DELAND FL 32724-8278		i i de kale kale anne bibli sakt Afrin alli	ir Adras i fisa sárir asabi	
				3. Date Incorporated or Qualified 10/25/1996	3a. Date of Las	t Report
2. Principal Pla		2a. Mailing Address		4, FEI Number		Applied For
1104	Main St.	26		59-3428921		Not Applicable
Suite, Apt. #	tona Beach	Suite, Apt. #, etc.		5. Certificate of Status Desired	,	5 Additional Required
City & State	rida	City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
3211	8 25 Volusia	Zφ	Country 30	8. This corporation has liability for i	ntangible tax unde	r s. 199.032,
	9. Name and Address of Curr			10. Name and Address of New Re		
LINDSAY, DARLENE M			81 Name			
4148 BALD CYPRESS DRIVE DELAND FL 32724				dress (P.O. Box Number is Not Acceptab	ole)	1889
			83 84 City		last 3	in Code
			84 City		FL 85 Z	ip Code
SIGNATURE				rporation submits this statement for the p ation's board of directors. I hereby accep	·	g its registered as registered
SIGNATURE	ogravia typen or procedurance chegistered in	agent and title if applicable. (N	OTE: Registered Agent signature requ		DATE CERS AND DIRECT	ORS IN 12
SIGNATURE	OFFICE RS A	agent and title if applicable. (No	DTE: Registøred Agent signature regi	uired when reinstaling)	DATE	ORS IN 12
SIGNATURE S 12. HILE NAME	OFFICERS A D LINDSAY, DARLENE M	agent and title if applicable. (NI ND DIRECTORS DELETE	DTE Registered Agent signature requirements 13.	uired when reinstaling)	DATE CERS AND DIRECT	ORS IN 12
SIGNATURE 112. THE NAME STREEL ADDRESS	D LINDSAY, DARLENE M 4146 BALD CYPRESS DRIVE	agent and title if applicable. (NI ND DIRECTORS DELETE	DTE Registered Agent signature requirement 13. 1.1 TiTLE 1.2 NAME	uired when reinstaling)	DATE CERS AND DIRECT	ORS IN 12
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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 13 of changed, or on an attachment with an address.