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

P96000093968 (1)

FILED May 04 1998 8:00am Secretary of State

DM WO	PRLOWIDE, INC.				
Principal Place	e of Business	Mailing Address			INDE INTID TOTAL DITOL ISUL IDEI
1920 W BAY DR \$TE 5 LARGO FL 33770 US		1920 W BAY DR STE 5 LARGO FL 33770 US		DO NOT WRITE IN THIS SPACE	
		••		3. Date Incorporated or Qualified	
6 Principal Pi	ace of Business	2a. Mailing Address		11/13/1996 4. FEI Number	Applied for
21 Principal F	SCO OI DUSITIOSS	26		59-3412214	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7 _{(p}	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes Vio
	9. Name and Address of Curre			10. Name and Address of New Registered	
SM	ITH, SMITTY				
3802 EHRLICH RD., STE. 210			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	MPA FL 33624				
			83		
			84 City	FI	85 Zip Code
11 Pursuant t	In the provisions of Sections 607 05	02 and 607 1508. Florida Statu	utes the above-named o		
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 hoth, 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 furnities with, and accept incompligations of, Section 607.0505, Florida Spiritutes.					
31292					
SIGNATURE	Signature, typed or printed name of registered ag	gent de tile if applicable (NO	OIL Registered Agent signature re		
12.	OFFICERS AN	ND DISPUTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P ANIODAN CALIFFI C III	☐ DELET E	1.1 TITLE		Change Addition
NAME	MURRAY, DANIEL F III		1.2 NAME		
STREET ADDRESS	807 ALLAMANDA DR. HARBOR BLUFFS FL 34640		1.3 STREET ADDRESS		
CITY-ST-ZIP	MANBOR BLOFFS FL 34040	☐ DELETE	1.4 C/TY - ST - Z/P 2.1 T/TLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELE te	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[_] DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 of 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 in address