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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 29 1997 8:00am Secretary of State

- 10 Milet - 100 10 10 10 Clini Digit Berik Digit diğit Diğit Dolik Öldik Eride Ciki Digit

1997

DOCUMENT # P96000100463 (4)

WORLDWIDE CAPITAL PARTNERS, INC.

Principal Place of Business Mailing Address				T ORBITARIA TIM TRIAM BITEL MAKER MBETIL MUTHO SEMET BAKEL MAKIN ATALA BITEL BAKEL	
13902 N. DALE TAMPA FL 3361	Mabry Highway, Suite 118 8	13902 N. DALE MABRY HIGHWAY. SUITE 118 TAMPA FL 33618-2424			
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number _ Applied For
21		26			59 - 3413259 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zφ	Country	Zip	C	ountry	8. This corporation has liability for intengible tax under s. 199.032,
24	25	29	30		Florida Statutes 🛂 Yes 🚺 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
HUTE	ek, steven e			81 Name	
CARACT DEPENDENT MOISHEY OUTT 440				82 Street A	Address (P.O. Box Number Is Not Acceptable)
TAMPA FL 33618					
				83	
				84 City	FL 85 Zip Code
44 Discussion	to the provisions of Contant CO7 OF	On and POZ 1500 Florida Ci	atutae the	about pamed	corporation submits this statement for the purpose of changing its registered
office or re agent 1 ar	egistered agent, or both, in the Stat m familiar with, and accept the obliq	te of Florida. Such change w gations of, Section 607.0505	ras authoriz i, Florida St	ed by the corp latutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature Typicd or printed name of registered as	cost and title if applicable	NOTE Projete	and Agent signeture	e required when reinstating) DATE
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0,1100.107.	DELETE		TITLE	VP SEC TREAS   Change MAddition
NAME		4		NAME	VP, SEC, TREAS ! Change & Addition HUTER, STEVEN E. 1390- N. DALE MADRY #118 TAMPA FR 33618
STREET ADDRESS			1	STREET ADDRESS	MOTER, STEVEN E.
CITY-ST-ZIP				CITY-ST-ZIP	13900 N. DALE MADRY HILR TAMPA TO
TITLE		DELETE		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
				1	
CITY-ST-ZIP TITLE		DELETE		CITY-ST-ZIP	Change Addition
NAME			1	NAME	the state of the s
STREET ADDRESS				STREET ADORESS	
				CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE		TITLE	Change Addition
Í		La Carre		2 NAME	
NAME					
STREET ADDRESS				STREET ADDRESS	
CHY-ST-ZIP TITLE		☐ DELETE		I CITY-ST-ZIP TITLE	Change Addition
		الماعات الماعا	<b>→</b>	i	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	,
CITY-ST-ZIP		DELETE		CITY-ST-ZIP	Change Addition
TITLE		ביין טבננונ		TITLE	C triange C Admini
NAME				NAME	
STREET ADDRESS			•	STREET ADDRESS	<u>'</u>
CITY-ST-ZIP			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** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (815)962-37

Daytime Phone # 0007400