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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000100463 (4)

1. Corporation Name

WORLDWIDE CAPITAL PARTNERS, INC.

Principal Place of Business

Mailbox Address

13902 N. DALE MABRY HIGHWAY, SUITE 118
TAMPA FL 33618

13902 N. DALE MABRY HIGHWAY, SUITE 118
TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

26 State, Apt. # etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HUTEK, STEVEN E
13902 N. DALE MABRY HIGHWAY, SUITE 118
TAMPA FL 33618

3. Date Incorporated or Qualified

12/12/1996

4. FET Number

59-3413259

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I, the undersigned, being duly qualified to act as a registered agent, hereby accept the appointment as registered agent. I am familiar with the laws of the State of Florida and I hereby certify that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the laws of the State of Florida and I hereby certify that the change was authorized by the corporation's board of directors.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

(If the New Agent's signature is required, write on this strip)

DATE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied is true, correct and of good faith 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 and the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this report as the person or persons with authority.

SIGNATURE:

STEVEN E. HUTEK

STEVEN E. HUTEK

1/30/98 (RB) 962 3335

CR2E034 (10/97)