## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000100752 (0)

WORLDWIDE WINNERS, INC.

## **FILED** Aug 18 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address				AL ITOTA BRITA BOSEL KADEL DI	(1)0 (40) 100)
4313 HOLLYWOOD BLVD. STE 208 HOLLYWOOD FL 33021				DO NOT WRITE	IN THIS SPACE	
				3, Date Incorporated or Qualified	3a. Date of Last F	Report
				12/13/1996		
2. Principal Place of Business	2a. Mailing Address		LDI.	4, FEI Number		pplied For
21 4313 Hollywood 151 Vd	26 4313 Hally Suite, Apt. #, etc.	$\infty$	9 13700	65-0713857		ot Applicable
22 St-e 308	27 Ste. 208	· 	<del></del>	5. Certificate of Status Desired	Fee R	Additional tequired
123 Halling and Fl.	128 Holling A	$\Box$		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country	Zip Zip	Countr	y	This corporation owes or has pair		
24 33021 25	20 3 3 3 3	0		Personal Property Tax due June		□ No
g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	Jistered Agent	
PINNA, MARIA		81	Name			
4313 HOLLYWOOD BLVD. STE 208 HOLLYWOOD FL 33021			Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
		83				
		84	City		FL 85 Zip	Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
Signature, typed or printed name of registered age:  12. OFFICERS AND	<del></del>	Registered Ap	gent signature require	d when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE  FRO AND DIRECTOR	20 INI 22
TITLE D	DELETE	1.1 TITLE		ADDITIONS/OFFICIALIST TO OFFIC	☐ Change	Addition
NAME PINNA, MARIA		1.2 NAME				
STREET ADDRESS 4313 HOLLYWOOD BLVD. STE 208			T ADDRESS			İ
CITY-ST-ZIP HOLLYWOOD FL 33021		1.4 CITY-	ST-ZIP			
Sean Barre	H COLLETE ST.	2.1 TITLE			Change	☐ Addition
STREET ANDRESS 4313 Holly UX	1 () \ \ \ 200	2.2 NAME				
A Later of the second of the s	32001	2.5 511102	T ADDRESS			
TITLE	. J □ DELETÉ	2. 4 CITY- 3.1 TITLE	-S1-ZIP		☐ Change	Addition
NAME Patricia Ba	nett ct	3.2 NAME				
STREET ADDRESS 4313 HOlly woo	a BWd 208		T ADDRESS			
CITY-ST-ZIP HOLY 1000 F.	33021	3.4. C(TY-	ST-ZIP			
11 Salvatore +1	OD Grand Street	4.1 TITLE			☐ Change	Addition
4313 HOlly woo	od Alad 508	4.2 NAME				
ا کا کا محمد المالی المالی	22721	1	T ADDRESS			
CITY-ST-ZIP HOLLY WOOD, M.	DELETE	4 4 CITY - 51 TITLE	ST-ZIP		Change	Addition
NAME		52 NAME			Last Orininge	FT Vonition
STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP		5.4 CITY-				
TITLE	DELETE	6.1 TITLE	-		Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREE	T ADDRESS			
CHY-ST-ZIP		6.4 CITY-			15 11 15 15	
<ol><li>14. I do hereby certify that the information supplied</li></ol>	with this filing does not qualify f	for the exi	emption stated	in Section 119.07(3)(i), Florida Statutes	<ul> <li>I further certify that</li> </ul>	. 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.