

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P97000001147 (2)

1. Corporation Name

WORLDWIDE TRAVEL PARTNERS, INC.

Principal Place of Business

Mailing Address

6400 N. ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309

6400 N. ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309-2172



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25
9. Name and Address of Current Registered Agent
BOWERS, JOHN K
6400 N. ANDREWS AVENUE
SUITE 302
FORT LAUDERDALE FL 33309

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30
10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
12/31/1996

3a. Date of Last Report

1st

4. FEI Number

650716333

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

John K. Bowers
Signature typed or printed name of registered agent and title if applicable

John K. Bowers R.A. Pres.

4/22/97

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|---------|-----------------|-------------------------|-------------------|--------------------------|
| Pres. | John Bowers | 5851 Holmberg Rd #1221 | Parkland FL 33067 | <input type="checkbox"/> |
| V. Pres | JASON C. BOWERS | 5851 Holmberg Rd. #1221 | Parkland FL 33067 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

John Bowers
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 954-351-8608
Date Daytime Phone # 0008280

CR2E034 (9/96)