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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035422 (9)

WORLDWIDE WAREHOUSING & FUMIGATION, INC.

Principal Place of Business Mailing Address 9517 MAGESTIC WAY 9517 MAGESTIC WAY **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>04/18/1997</u> 2. Principal Place of Business 2a. Marling Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRAMS, DANIEL J ESQ 1645 PALM BEACH LAKES BOULEVARD 82 **SUITE 1050** 83 WEST PALM BEACH FL 33401 84 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 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 Statistics. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Addition DELETE 1.1 TITLE Change TITLE 1.2 NAME NAME LEVINE, ROBERT 9517 MAGESTIC WAY STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change TITLE 2.1 TITLE **SCHWARTZ, ROBERT** 2.2 NAME NAME 9555 OLD PINE ROAD STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 City-ST-ZIP DELETE Change Addition 5.1 THILE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

14. Thereby 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 anattachment with an artifess.

Addition

Change

FILED

May 06 1998 8:00am

Secretary of State