

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90052 026 ***150.00

DOCUMENT # P97000045916

1. Corporation Name
WCI WORLD COM, INC.

Principal Place of Business
3500 ISLAND BOULEVARD, PH 4
MIAMI FL 33160

Mailing Address
3500 ISLAND BOULEVARD, PH 4
MIAMI FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 3255 NE 184th Street
Suite, Apt. #, etc.

26 3255 NE 184th Street
Suite, Apt. #, etc.

22 Apt. 12504

27 Apt. 12504

23 Aventura, FL
City & State

28 Aventura, FL
City & State

24 33160 25 USA
Zip Country

29 33160 30 USA
Zip Country

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number
65-0755966

Applied For
Not Applicable

5. 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAGER, ALEXANDRA
3500 ISLAND BOULEVARD, PH 4
MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name Alexandria Mager
82 Street Address (P.O. Box Number is Not Acceptable) 3255 NE 184th Street
83 Apt. 12504
84 City Aventura FL 85 Zip Code 33160

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 Alexandria Mager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAGER, ALEXANDRA
STREET ADDRESS 3500 ISLAND BOULEVARD, PH 4
CITY-ST-ZIP MIAMI FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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, with all other like empowered.

SIGNATURE: Alexandria Mager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (305) 931-7951

Date Daytime Phone #

CR2E034 (11/98)