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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000048849 (8) DOCUMENT #

Block 12 or Block 13 if changed, or on an altachment with an address. ALD POAL

WORLD FUNDING CENTER, INC.

Principal Place of Business

1399 W. STATE RD. 434

Mailing Address

FILED May 08 1998 8:00am Secretary of State



1399 W. STATE RD. 434 LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3451163 1399 West State Rd 434 21 26 1399 WEST State Rd. 434 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Longwood **1rust Fund Contribution** Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA Yes Personal Proporty Tax due June 30. 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 Zip Code 85 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 Honda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented narse of registered agent and teles' applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12 OLLICERS AND DIRECTORS 12. 13. DELCTE. 1111111 TITLE resident NAME 1.2 NAME charl E. Murran West State Rd. 434 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition TITLE 2171716 2 2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-SI-ZIP DECETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-7/P DELETE Addition TITLE 4.1 HHLF NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y-\$1-Z(P) DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 DITY-ST-ZIP 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