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

CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071856 (3)

WORLDWIDE INTEGRATED FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 2000 E BAYA AVE 2860 E BAYA AVE LAKE CITY FL 32025 LAKE CITY FL 32025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Zip Country ZiD 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOREMAN, DONALD G 2860 E BAYA AVE 62 Street Address (P.O. Box Number is Not Acceptable) **LAKE CITY FL 32025** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: Typed or proten name of regelered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TO LE TITLE FOREMAN, DONALD G NAME 1.2 NAME 2860 E BAYA AVE 1.3 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32025 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILLIAMS, GUY NAME 2.2 NAME 2860 E BAYA AVE STREET ADDRESS 23 STREET ADDRESS LAKE CITY FL 32025 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 13 if changed or on an attachment with an address.

6.4 CITY - ST - ZIP

4-78-98

MUN 155-2400

FILED

May 27 1998 8:00am

Secretary of State