

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90036 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000075459					
1. Corporation Name WORLD ASSIST CORP.					
Principal Place of Business 1650 SAND LAKE ROAD SUITE 205 ORLANDO FL 32809			Mailing Address 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/29/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3469310	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent SLOSBERGAS, NELSON 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when mandating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE DPST NAME GELECHIMAN, SHEILA STREET ADDRESS 3832 HUNTERS ISLE CITY-ST-ZIP ORLANDO FL 32837			1.1 TITLE ☐ Change ☐ Add Lon 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)