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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90061 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000097974

1. Corporation Name
WORLD INTERNET MARKETING SPECIALISTS, INC.



Principal Place of Business: 3601 W. SWANN AVENUE, SUITE 201 TAMPA FL 33609-2539
 Mailing Address: 3601 W. SWANN AVENUE, SUITE 201 TAMPA FL 33609-2539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1997

4. FEI Number: 59-3479647

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

2. Principal Place of Business: 4815 E. Busch Blvd, Suite 208 D Tampa FL 33617 USA

2a. Mailing Address: 4815 E. Busch Blvd, Suite 208 D Tampa FL 33617 USA

22. City & State: Tampa FL

23. Zip: 33617 Country: USA

9. Name and Address of Current Registered Agent

ROBERTS, THOMAS L
 3601 W. SWANN AVENUE, SUITE 201
 TAMPA FL 33609-2539

10. Name and Address of New Registered Agent

81 Name: Roberts, Thomas L.
 82 Street Address (P.O. Box Number is Not Acceptable): 4815 E. Busch Blvd, Suite 208 D
 84 City: Tampa FL 85 Zip Code: 33617

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: *Thomas Roberts* DATE: 4/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ROBERTS, THOMAS L 118 S. WESTSHORE BLVD. #419 TAMPA FL 33692-2539	1.1 TITLE: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	ROBERTS, EDYTH B 118 S. WESTSHORE BLVD. #419 TAMPA FL 33692-2539	1.2 NAME: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	ROBERTS, THOMAS L 118 S. WESTSHORE BLVD. #419 TAMPA FL 33692-2539	1.3 STREET ADDRESS: 10208 Shadow Branch Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		1.4 CITY-ST-ZIP: Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.1 TITLE: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.2 NAME: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.3 STREET ADDRESS: 10208 Shadow Branch Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		2.4 CITY-ST-ZIP: Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.1 TITLE: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.2 NAME: Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.3 STREET ADDRESS: 10208 Shadow Branch Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		3.4 CITY-ST-ZIP: Tampa FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.1 TITLE: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.2 NAME: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.3 STREET ADDRESS: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		4.4 CITY-ST-ZIP: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.1 TITLE: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.2 NAME: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.3 STREET ADDRESS: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		5.4 CITY-ST-ZIP: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.1 TITLE: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.2 NAME: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.3 STREET ADDRESS: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [DELETED]		6.4 CITY-ST-ZIP: [DELETED]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Roberts* DATE: 4/12/99 DAYTIME PHONE #: 813-899-2746

CR2E034 (1/198)