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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FI ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 22 1998 8:00am
Secretary of State

	MENT # P9700 WORLDWIDE ENTERPRIS	• •		
Principal Place of Business		Mailing Address		
8649 N HIMES AVE #1016		8649 N HIMES AVE #1016		
TAMPA FL 33614		TAMPA FL 33614		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/20/1997
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied For
21		26		59-3479532 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 City & Stat		City & City	·	Fee Required
23	ų:	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28] 2(p)	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24	25	29 36	-n '	Personal Property Tax due June 30. Yes No
	g. Name and Address of Cur	rent Registered Agent	: '	10. Name and Address of New Registered Agent
`YE/	AGER, VIOLA G		81 Name	
10040 N L (INATO A) (T. 44040			Address (P.O. Box Number is Not Acceptable)	
_ TAI	MPA FL 33614			
•			[83]	
			84 City	FL 85 Zip Code
Olfice or r	'egi <b>ste</b> red agent, or both, in the Sta	502 and 607 1508, Florida Statutes, no of Florida Such change was aut ligations of, Section 607.0505, Florid	horized by the cord	corporation submits this statement for the purpose of changing its registered to the appointment as registered to the appointment as registered.
SIGNATURE.				
12.	Signature, type For pentrular area of registered.  OFFICERS A	AND DIRECTORS	legistered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	DELETE	1.1 THLE	
NAME	VILLA A VERGE	R	1.2 NAME	Violn G. Yeacen
STREET ADDRESS	divorted the same of	NE +1016	1.3 STREET ADDRESS	Violn 6. Yeasen  Keya N. Himes Duc. # 10/6  Tampa, FL. 336/4  Change Addition
CITY-ST-ZIII	TAMPA, FL. 33	614 (uno Deletims)	1.4 CHY+ST-ZIP	Tampo, FL: 33614
TATLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		T poure	2. 4 CITY - ST - 7IP	
TITLE		∐ DELL1E	3.1 TITLE	Change Addition
NAME CARSET ADDRESS			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY+ST-ZIF TITLE		☐ DELETE	3.4. GHY-S1-2IP 4.1 TIFLE	Cange I Addition
NAME		(	4 2 NAME	La yange Joulion
STREET ADDRESS			4.3 STREET ADDRESS	$\prec /////\gamma -$
City-St-ZiP			4.4 CITY-ST-ZIP	1091
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 City-St-ZIP	
TITLE		DELETE	611111.6	Change Addition
NAME	<i>.</i>		62 NAME	BUCCCCCBBB
STREET ADDRESS			6.3 STREET ADDRESS	- <b>06</b> /72/9801 (160 <b>0</b> 9
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***156.00
indicated officer or o	on <b>th</b> is annual report or supplemen	ntal annual report is true and accura sceiver or trustee empowered to exc	ate and that my sion	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under eath; that I am an required by Chapter 607, Florida Statutes, and that my name appears in