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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000105044 (6)

WORLE	DWIDE CAPITAL INVEST	MENTS, INC.	(-)					
<del></del>	:							
Principal Place of Business Mailing Address  2701 CLEVELAND AVENUE 2701 CLEVELAND AVENUE SUITE 9								
SUITE 9 SUITE 9 FY, MYERS FL 33901 FT, MYERS FL 33901						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
_	<u>.</u>					12/15/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
26						65-080903/ Not Applicab		
Suite, Apt.	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired SB.75 Additional Fee Required		
City & State	9 .	City & State				Election Campaign Financing \$5.00 May Be		
<u> </u>	<u> </u>	28				Trust Fund Contribution Added to Fees		
Zip ¬	Country	Zip	<del>-</del>	Country	4	8. This corporation owes or has paid the current year Intangible		
•	[25]	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	9, Name and Address of Ci	irrent Hegistereo Agent	<del></del>	81	Name			
	IIB <b>a</b> ldi, dean a sr.			Ľ	Ivanio			
	01 CLEVELAND AVENUE			82	Street	t Address (P.O. Box Number is Not Acceptable)		
SUITE 0				63				
FI.	MŸERS FL 33901			L	L			
	•			84	City	FL 85 Zip Code		
SIGNATURE	Signature, typed or printed name of register	ed agent and title d applicable	(NOTE: Regis	tered Ag		representations board of directors. I hereby accept the appointment as registered recognised when reinstating)  DATE  DATE		
IZ.		S AND DIRECTORS		1 TITLE	<del></del>	I Addi		
VAME	PRESDEVIST DEAN A SINI	20.01		2 NAME		7,004		
STREET ADDRESS	DENA A SIMI	A MCD.			T ADDRES			
CITY-ST-ZIP	•			4 CITY-S	-	1.1		
TILE		□ DE		1 TITLE	-	TARON CALIVORA		
WAVE			2	2 NAME				
STREET ADDRESS			2	3 STAEE1	ADDRE!	as in Dex#2		
CITY-ST-ZIP	<u> </u>		2	4 CITY-	ST-ZIP			
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NAME .	. •		3	2 NAME				
STREET ADDRESS	÷ ;		3	3 STREET	ADORE:			
CITY-ST-ZIP				4. CITY-	ST-ZIP	•		
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(AME	•			2 NAME				
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AME	<u>!</u>			2 NAME 4 STREET	ADDRESS	The second section of the section		
STREET ADDRESS	<b>4</b>		1					
TTY-ST-ZIP		□ DE		4 CITY-5 1 TITLE	ot - ZIP	☐ Change ☐ Addii		
NAME	# *	عم ت		2 NAME				
STREET ADDRESS					ADDRESS			
TITLE PARTICIO I			I 0.	OFFICE	1001L33	l e e e e e e e e e e e e e e e e e e e		

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.

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of on an attachment with an address.

PRESIDENT

**FILED** 

May 28 1998 8:00am

Secretary of State

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