Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90226 011 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000018928

1. Corpora ion Name

WORLD-WIDE THRESHOLD INC.

| Principal Place  | e of Business  | Mailing Address   |  | ) ( Militari sen enen i miss marti mastr marri   | 8:8: H88: H8118: 18110                 | ##I                         |
|--|--|---|--|--|--|-----------------------------|
| 550 S.W. 12TH  | I AVENUE   | 550 S.W. 12TH AVENUE  |  |  |  |                             |
| DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344   |  | 12  | DO NOT WRITE IN THIS SPACE   |  |  |                             |
|  |  |   |  | 3. Date Ir corporated or Qualifed  |  |                             |
|  |  |   |  | 02/26/1998   |  |                             |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address   |  | 4. FEI Number  | Apr                                    | ied For                     |
| 21   |  | 26  |  | 65-0838969   | Not                                    | Applicable                  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 A                               | dditional                   |
| 22   |  | 27  |  | 5. Certificate of Status Desired   | Fee Red                                | quired                      |
| City & S ate   | e  | City & State  |  | 6. Electio : Campaign Financing  | \$5.00                                 | , I                         |
| 23   |  | 28  |  | Trust Fund Contribution  | Added to                               | Fees                        |
| Zip  | Country  | Zip   | Country  | 8. This corporation owes the current year  |  | [∄No                        |
| 24   | 25   |   | 30   | Personal Property Tax.  10. Name and Address of New Register   |  | - NO                        |
|  | 9. Name and Add ess of Currer  | nt Registered Agent   | 81 Name  | 10. Name and Address of New Register   | eu Agent                               |                             |
| PRIC   | CE, DAVID T  |   |  |  |  |                             |
|  | S.W. 12TH AVENUE   |   | 82 Street Add  | dress (P.O. Box Number is Not Acceptable)  |  | i                           |
|  | RFIELD BEACH FL 33442  |   | 83   |  |  |                             |
|  |  |   |  |  |  |                             |
|  |  |   | 84 City  |  | <b>85</b> Zip C                        | ode                         |
|  |  |   |  |  |  |                             |
| 11 Bureuast  | to the provisions of Scations 607 050  | 22 and 607 1508 Florida Stature   | s the above-named con  | poration submits this statement for the purpose  | e of changing its                      | r∋gistered                  |
| office or re   | registered agent, or both, in the State  | rof Florida. Such change was สน   | ithorized by the corporat  | poration submits this statement for the purpose<br>tion's board of cirectors. I hereby accept the ap   | e of changing its                      | registered<br>g stered      |
| office or n<br>agent. a  | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga  | rof Florida. Such change was สน   | ithorized by the corporat  | poration submits this statement for the purpose  | e of changing its                      | r egistered<br>g stered     |
| office or re   | egistered agent, or both, in the State<br>im familiar with, and accept the obliga  | rof Florida. Such change was สน<br>ati วกร of, Section 607.0505, Flor   | ithorized by the corporat  | poration submits this statement for the purpose<br>iion's board of cirectors. I hereby accept the ap   | e of changing its<br>prointment as reg | r egistered<br>g stered     |
| office or n<br>agent. a  | registered agent, or both, in the State im familiar with, and accept the obligation of registered age  | rof Florida. Such change was สน<br>ati วกร of, Section 607.0505, Flor   | othorized by the corporation of  | poration submits this statement for the purpose<br>iion's board of cirectors. I hereby accept the ap   | of changing its oppointment as reg     | F:S IN 12                   |
| office or n<br>agent. as<br>SIGNATURE  | registered agent, or both, in the State im familiar with, and accept the obligation of registered age  | of Florida. Such change was au<br>ations of, Section 607.0505, Flori<br>ant and title if applicable. (NOT)  | ithorized by the corporation Statutes.  Registered Agent signature requirements  | poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the purpose of the p | of changing its oppointment as reg     | siered                      |
| office or reagent. as  | registered agent, or both, in the State<br>im familiar with, and accept the obligation<br>Signature, typed or printed name of registered age<br>OFFICERS All   | of Florida. Such change was au<br>ations of, Section 607.0505, Flori<br>ant and title if applicable. (NOTI  | ithorized by the corporation of the statutes.  Registered Agent signature requirements of the statute of the st | poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the purpose of the p | e of changing its prointment as reg    | F:S IN 12                   |
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| office or reagent. as SIGNATURE  12. TITLE NAME  | registered agent, or both, in the State im familiar with, and accept the obligation of the obligation  | of Florida. Such change was audations of, Section 607.0505, Florient and title if applicable. (NOT):    DIRECTORS   DELETE  | rhonized by the corporation Statutes.  Registered Agent signature requirements 1.1 TITLE  1.2 NAME   | poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the purpose of the p | e of changing its prointment as reg    | FS IN 12                    |
| office or nagent. at SIGNATURE  12.  TITLE  NAME  STREET ADORE :S  | registered agent, or both, in the State im familiar with, and accept the obligation of Fricers At PD WINTER, ANN W 550 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442 STD   | of Florida. Such change was au<br>ations of, Section 607.0505, Flori<br>ant and title if applicable. (NOTI  | Registered Agent signature req. 1  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  | poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the purpose of the p | e of changing its prointment as reg    | F:S IN 12                   |
| office or nagent. at SIGNATURE  12.  TITLE  NAME  STREET ADORE SS  CITY-ST-ZIP   | registered agent, or both, in the State on familiar with, and accept the obligation of Fricers At PD WINTER, ANN W 550 S.W. 12TH AVENUE DEERFIELD BEACH FL 33442   | of Florida. Such change was audations of, Section 607.0505, Florient and title if applicable. (NOT):    DIRECTORS   DELETE  | rithonized by the corporation idea Statutes.  Registered Agent signature requirements of the sig | poration submits this statement for the purpose ion's board of cirectors. I hereby accept the appropriate the purpose of the p | e of changing its prointment as reg    | FS IN 12                    |
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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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6 2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-21-99 (954) 421-9399
Date Date Dayling Phone #

Addition

[] Change