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 # P98000021960

1. Corpora ion Name W.C.C. WORLD, INC.

Principal Place of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90147 006 ***150.00



| 3101 N STATE | | 3101 N STATE ROAD 7 | | | | | | | |
|--|---|---|--------------------------|---------------|--------------------------------|--|---------------|---------------|---------------|
| HOLLYWOOD F | L 33021 | HOLLYWOOD FL 33021 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date it corporated or Qualifed 03/09/1998 | | | |
| 2. Princinal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For |
| 21 | acc or Business | <u> </u> | 26 | | | 165-08 25H | 00 | No | ot Applicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | <u> </u> | \$8.75 | Additional | |
| — | n, 010. | 27 | | | | 5. Certificate of Status Desired | | Fee Re | c uired |
| City & S ate | <u> </u> | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| ···· | • | 28 | | | | Trust Fund Contribution | | | tc Fees |
| Zip | Country Zip Cour | | | iry | | 8. This corporation owes the curre | ent vear∃nt | angible | |
| ⊢ ' | | 25 29 30 | | | | Personal Property Tax. | , | Yes | []No ∣ |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New R | egistered . | Agent | |
| | 5. Harrie and Add 655 St. Service | | 8 | 31 N | Name | | | | |
| SING | | | | | | | | | |
| | SHERIDAN STREET SUITE A | | 82 Street A | | | ess (P.O. Box Number is Not Accepta | bie) | | |
| | LYWOOD FL 33021 | | l a | 33 | | _ | | | |
| | | \wedge | ٦ | ~ | | | | | |
| | | | | | City | | FL | . ' | Code |
| 11. Pursua it | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statu e | s, the abo | ove-na | amed corpo | oration submits this statement for the | purpose of | changing its | registered |
| office of the | egistered agent, or both, in the State | o Plorida. Such change was อน ไม่ว่าเรื่อย Section 607.0505. Flori | tnorized b da Statute | oy tne es. | e corporatio | on's board of cirectors. I hereby accep | t ine appoi | Illient as re | gratered |
| | De College | | | | | 4. | 16 95 | | į |
| SIGNATURE | Signature typed or printed har he of registered age | nt and title if applicable. (NOTE: | Registered Ag | gent sig | gnature required | d when reinstating) | DIATE | | |
| 12. | OFFICERS AN | NE DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | FICERS AN | | |
| TITLE | DPST | ☐ DELETE | 1.1 TITLE | | | | | Change | Addition |
| NAME . | CARROLL, WILLIAM C | | 1.2 NAME | Ε | | | | | |
| STREET ADDRE: S | | | | EET ADI | ORESS | | | | ļ |
| CITY-ST-ZIP | 110111111111111111111111111111111111111 | | 1.4 CITY | -ST-ZII | iP] | | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | | • | Change | ☐ Addition |
| NAME | | | 2.2 NAMI | E | | | | | |
| STREET ADDRESS | | | 2.3 STREE | | DRESS | | | | |
| 1 | t e e e e e e e e e e e e e e e e e e e | | 2. 4 CITY | | | | | | } |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | | | | | Change | ☐ Addition |
| | | | 3.2 NAM | | | | | | - ! |
| NAME | | | 3.3 STRE | | nnpess | | | | |
| STREET ADDRES S | | | | | | | | | 1 |
| CITY-ST-ZIP | | | 34, CITY 4.1 TITLE | | AF | | | Change | Addition |
| TITLE | | _ OLLETE | 4.1 IIIL | | | | | | _ |
| NAME | | | | | nacee | | | | |
| STREET ADDRESS | | | 4.3 STRE | | | | | | { |
| CITY-ST-ZIP | | | 4.4 CITY | | <u> -</u> | | - | Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | change | |
| NAME | | | 52 NAM | | NODE CO. | | | | |
| STREET ADDRES S | | | 5.3 STRE | | | | | | 1 |
| CITY-ST-ZIP | | | 5.4 CITY | | IP | | | | FTT A HARAL |
| TITLE | | ☐ DELETE | 6.1 TITLE | | - | | | ☐ Change | Addition |
| NAME | | | 6.2 NAM | !E | | | | | |
| STREET ADDRES S | | | 6.3 STRI | EET AD | DRESS | | | | ľ |
| CITY-ST-ZIP | | | 6.4 CITY | /- ST-ZI | IP | | | | |

14. I hereby certify that the information indicated on this annual report of 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 of 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 of 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 chapters, with all other like empowered.

SIGNATURE: