

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90054 016 ***150.00

PROFIT-
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #

1. Corporation Name

P98000027649 ✓

Association of World Wide Winners

Principal Place of Business

2452 JACKSON ST.
Hollywood, FL. 33020

Mailing Address

P.O. Box 101161
Ft. LAUD. FL. 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MARCH 25, 1998

4. FEI Number

65-0826215

Applied For

Not Applicable

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

21 2452 JACKSON ST

Suite, Apt. #, etc.

22 N/A

City & State

23 Hollywood FL

Zip

24 33020

Country

25 U.S.A

2a. Mailing Address

26 P.O. Box 101161

Suite, Apt. #, etc.

27 N/A

City & State

28 Ft. LAUD. FL

Zip

29 33310

Country

30 USA

9. Name and Address of Current Registered Agent

ANTHONY COX
7793 GRANDE ST.
SUNRISE, FL. 33343

10. Name and Address of New Registered Agent

81 Name

ANTHONY COX

82 Street Address (P.O. Box Number is Not Acceptable)

7793 GRANDE ST

83

84 City

SUNRISE

FL

85 Zip Code

33343

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

(Signature, typed or printed name of registered agent and title if applicable.)

President

(NOTE: Registered Agent signature required when reinstating)

5/5/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE, FL. 33343

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE, FL. 33343

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE, FL. 33343

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE, FL. 33343

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUNRISE, FL. 33343

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY COX

Date

5/5/99

Daytime Phone #

454-578-1143

CR2E034 (11/98)