

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 # P98000027649 ✓
 1. Corporation Name

Principal Place of Business: ASSOCIATION OF WORLDWIDE WINNERS
2452 JACKSON ST.
Hollywood, FL, 33020

Mailing Address: P.O. Box 101161
Ft. LAUD. FL. 33310

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
	<u>2452 JACKSON ST</u>		<u>P.O. Box 101161</u>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	<u>NA</u>		<u>N/A</u>
23	City & State	28	City & State
	<u>Hollywood FL</u>		<u>Ft LAUD. FL</u>
24	Zip	29	Zip
	<u>33020</u>		<u>33310</u>
25	Country	30	Country
	<u>U.S.A</u>		<u>USA</u>

3. Date Incorporated or Qualified
MARCH 25, 1998

4. FEI Number
65-0826215

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

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] President DATE: 5/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ANTHONY COX</u>	1.2 NAME	
STREET ADDRESS	<u>7793 GRANDE ST</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE, FL, 33343</u>	1.4 CITY-ST-ZIP	
TITLE	<u>Vice President</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Derek Wolff</u>	2.2 NAME	
STREET ADDRESS	<u>7793 GRANDE ST</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE, FL, 33343</u>	2.4 CITY-ST-ZIP	
TITLE	<u>SECRETARY</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ANTHONY COX</u>	3.2 NAME	
STREET ADDRESS	<u>7793 GRANDE ST</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE, FL, 33343</u>	3.4 CITY-ST-ZIP	
TITLE	<u>TREASURER</u> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DEREK WOLFF</u>	4.2 NAME	
STREET ADDRESS	<u>7793 GRANDE ST</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE, FL, 33343</u>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] ANTHONY COX DATE: 5/5/99 DAYTIME PHONE #: 954-578-1143

CR2E034 (11/98)