

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
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DOCUMENT # **P 98 000035 711**

1. Corporation Name

World Wide Data

FILED

99 AUG -6 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**515 SEABREEZE BLVD 2ND FLOOR
FT LAUD FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **4-17-98**

2. Principal Place of Business 2a. Mailing Address
515 SEABREEZE BLVD 515 SEABREEZE BLVD

4. FEI Number **#650854477**

22. City & State **FT LAUD FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State **FT LAUD FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip **33316** Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MARC JUCEAN
9850 SONY FOOT BLVD #477
Boca RATON FL 33428**

10. Name and Address of New Registered Agent

81. Name **LLOYD FALK, ESQ**

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

83. **600 SW 4TH AVE**

84. City **FT LAUD** FL 85. Zip **33315**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE **7/30/99**

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	MARC JUCEAN
STREET ADDRESS	9850 SONY FOOT BLVD #477
CITY-ST-ZIP	Boca RATON FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT
12 NAME	MARC DE LA TOURE
13 STREET ADDRESS	600 SW 4TH AVE
14 CITY-ST-ZIP	FT LAUD FL 33316
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

934-475-1809

CR2E034 (11/98)