Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

PROFIT .CÖRPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052987

SIGNATURE

1. Corporation Name WORLDWIDE AFFINITY MARKETING OF ORLANDO, INC. Principal Place of Business Mailing Address 120 UNIVERSITY PARK DR., #150 120 UNIVERSITY PARK DR., #150 WINTER PARK FL 32792 WINTER PARK FL: 32792 2. Principal Place of Business 2a, Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Zip Country Zip 30 24 25 29 9. Name and Address of Current Registered Agent 81 Name

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90010 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

06/12/1998

4. FEI Number

VECCIA, DENNIS P 120 UNIVERSITY PARK DR., #150			04	Address (D.O. Dev New hor in Not Assessable)		
			Street Address (P.O. Box Number is Not Acceptable)			
WIN ¹	TER PARK FL 32792	83				
		84	City		85 Zip	Code
		1	,	<u> </u>	<u> </u>	
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authoriz m familiar with, and accept the obligations of, Section 607.0505, Florida St	ed by	the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoir	changing its itment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ori Aner	1 Stateonie t	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 1:	·	it signaturo i	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE		TITLE		Class on the	Change	Additio
NAME		1.2 NAME		I ANCE ZINGALE		
STREET ADDRESS			ADDRESS	120 UNIVERSITY PARKOR, STEP	10	
CITY-ST-ZIP		CITY-S	r- 7IP	LANCE ZINGALE 120 YNIVERSITY PARKON, STEP WINTEN PARK, FL JV19 L TREASUREN		
TITLE		2.1 TITLE		TREASUREN	Change	Additio
NAME	22	NAME.		in e-lace Villa		•
STREET ADDRESS			ADDRÉSS	INO YNIVERSOT PARKON, ST	2 150	
CITY-ST-ZIP		CITY-S		WINTEN PARK, FL 3279 L		
TITLE		TITLE			Change	Additio
NAME	32	NAME				
STREET ADDRESS	333	STREE	ADDRESS			
CITY-ST-ZIP	3.4	CITY-S	T- ZIP	·		
TITLE		TITLE			☐ Change	☐ Additio
NAME	4.:	NAME				•
STREET ADDRESS	4.3	STREE	ADDRESS			
CITY-ST-ZIP	. 4.4	CITY-S	T-ZIP			
TITLE	☐ DELETE 5.1	TITLE			Change	☐ Additio
NAME	52	NAME				
STREET ADDRESS	5.3	STREE	ADDRESS			
CITY-ST-ZIP	5.4	CITY-S	T-ZIP			
TITLE	DELETE 6.1	TITLE			Change	Additio
NAME	6.2	NAME				
STREET ADDRESS	6.3	STREE	ADDRE\$S			
CITY-ST-ZIP		CITY-S	T-ZIP			
14 I horoby	I certify that the information supplied with this filing does not qualify for the ex	empt	on state	d in Section 119.07(3)(i). Florida Statutes, I further cert	ify 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 it made under our 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.

WALES LIRED BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-679-1855