

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

FILED  
Jun 04, 1999 8:00 am  
Secretary of State

06-04-1999 90010 031 \*\*\*550.00

DOCUMENT # P98000103858

1. Corporation Name

ANOTHER WORLD PRODUCTS, INC.

Principal Place of Business

4343 ALTHEA WAY  
PALM BEACH FL 33410

Mailing Address

4343 ALTHEA WAY  
PALM BEACH FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1998

4. FEI Number

65-0882702

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1550 LATHAM ROAD

Suite, Apt. #, etc.

22 SUITE 4

City & State

23 WEST PALM BEACH FL

Zip

24 33409

Country

25 USA

2a. Mailing Address

26 P.O. BOX 220655

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH FL

Zip

29 33422

Country

30 USA

9. Name and Address of Current Registered Agent

KAPLAN, MATTHEW  
4343 ALTHEA WAY  
PALM BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name

ROBERT S. SANTAMARIA

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

1550 LATHAM ROAD

83

SUITE 4

84

City WEST PALM BEACH FL

85 Zip Code

33407

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT SANTAMARIA PRESIDENT 5-31-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KAPLAN, MATTHEW

STREET ADDRESS 4343 ALTHEA WAY

CITY-ST-ZIP PALM BEACH FL 33410

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME ROBERT S. SANTAMARIA

1.3 STREET ADDRESS 1550 LATHAM ROAD, STE 4

1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT SANTAMARIA PRESIDENT 5-31-99 561 242-0566

CR2E034 (11/98)