PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000105331

LAI WORLDWIDE, INC.

Principal Place of business	
suite 200e. Northdale Plaza	
TOTAL NO PTHONE FROM POR BOY SAME	R

Mailing Address

SUITE 200E. NORTHDALE PLAZA

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90024 008 ***150.00

3903 NORTHDALE BLVD P.O. BOX 340468 3903 NORTHDALE BLVI TAMPA FL 33694-0468 TAMPA FL 33694-0468		3903 NORTHDALE BLVD., P.O TAMPA FL 33694-0468	2.O. BOX 340468		DO NOT WRITE IN THIS SPACE			
		17mm 11 C 00004 5440			3. Date Incorporated or Qualified			
					12/18/1998			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-354728	<u> </u>	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			E Cartifesta of Status Decired			Additional
22		-, 27	· · · · · · · ·		5. Certificate of Status Desired	□	Fee R	- baniupe
City & Sta	ite	City & State			6. Election Campaign Financing	9	\$5.00	May Be
23		28		-	Trust Fund Contribution	"□	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30		Personal Property Tax.	-	Yes	□No
271	9. Name and Address of Cur				10. Name and Address of New	Registered	Agent	
			81	Name				
AL BR	NGHT, PHILIP R							
	E 200E, NORTHDALE PLAZA		82	Street Add	dress (P.O. Box Number is Not Accep	otable)		
	NORTHDALE BLVD.		83					
			183	ļ				
! AMF	PA FL 33624		84	City			85 Zip	Code
		T.	1	,		FL	. []]	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above	named con	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of a	changing its	s registered egistered
office or I	registered agent, or both, in the Sta am familiar with, and accept the obl	ste of Florida, <i>Such change was au</i> t ligations of, Section 607,0505, Flori	inonzeo by da Statutes	ин е согр огац	uon's poard of directors, i hereby acc	ehi iiie appoii	INDICATE AS IT	gisterou
	and to the state of the state o						-	
•	•		•					
SIGNATURE	<u> </u>	· · · · · · · · · · · · · · · · · · ·			red when reinstating)	DATE		
•	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·					D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title If applicable. (NOTE: F	Registered Ager		red when reinstating)		D DIRECTO	ORS IN 12
SIGNATURE 12.	Stimature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: I	Registered Ager		red when reinstating)			
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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 at 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 AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR