

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

DOCUMENT # S02935

1. Corporation Name
ORLANDO WORLD COINS, INC.

Principal Place of Business

2518 W DIANA
TAMPA FL 33614

Mailing Address

416 E GEORGIA ST
TALLAHASSEE FL 32301

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCKIBBEN, LOUIS
416 E GEORGIA ST
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL 85 Zip Code

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 changing

(037)

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCKIBBEN, LOUIS
STREET ADDRESS 416 E GEORGIA ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE CEO
NAME VENZA, JOSEPH
STREET ADDRESS 2518 W. DIANA
CITY-ST-ZIP TAMPA FL 32303

TITLE S
NAME MCKIBBEN, BRUCE
STREET ADDRESS 306 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

59-3055814

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

850-4550

CR2E034 (11/98)