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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S65550

(3)

BI-WORLD INCORPORATED

**FILED** Mar 25 1998 8:00am Secretary of State



					***	-			
Principal Place of Business Mailing Address									
5124 LITHIA SPRINGS RD 5124 LITHIA SPRINGS RD									
LITHIA FL 33547-1737 LITHIA FL 33547-1737						DO NOT WRITE IN THIS SPACE			
U\$ US						3. Date Incorporated or Qualified			
						06/18/1991			
	Place of Business	2a. Mailing Address				4. FEI Number	•		Applied For
	31 VENUS Ave.	26 4931 YEA	145	A	ve	59-3085001		[]	Not Applicable
Suite, Apt		Suite, Apt. #, etc.			<del> </del>	5. Certificate of Status Desired	П		5 Additional
22		27				6. Certificate of Status Desired		Fee	Required
City & State City & State					· .	6. Election Campaign Financing	_		00 May Be
23 NEW	1 PORTRichey, FL	28 NEW PORT	Kick	7 E	: y, FL	Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	•		8. This corporation owes or has pa	_		
24 346	5 2 25 USA		30 <u>U</u>	٤	<u>A</u>	Personal Property Tax due June		Yes	L No
-	9. Name and Address of Current	Hegistered Agent		B1	Name	10. Name and Address of New Ro	Aisterag	Agni	
MANN, MARY ANNE 5124 LITHIA SPRINGS RD					Harrie				
					Street Addre	ess (P.O. Box Number is Not Accepta	ole)		
LITHIA FL 33547				<b>B</b> 3					
			ļ.	84	City		FL	85 Z	ip Code
dd Down	t to the provisions of Sections 607.0502	and CO7 1500 Clasida Ctatidas	the ab		-named core	oration submits this statement for the		changin	o its registered
office or agent is	registered agent, or both, in the State of am familiar with, and accept the obligat	if Florida. Such change was au ions of, Section 607.0505, Flor	ithorized ida Statu	by ites	the corporation.	ion's board of directors. I hereby acce	pt the app	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered agent	and little if anolicable (NOTE	Angistered .	Aper	nt signature require	ed whon reinstating)	DATE		<del> </del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 1111	E				Chang	
NAME	MANN, MARY ANNE	•	1.2 NAM	ME					
STREET ADDRESS				EET	ADDRESS				
CITY-ST-ZIP			1.4 CIT	Y-S1	T-ZIP				
TITLE	<del></del>	DELETE	2.1 TITL	LE	1			Chang	ge [] Addition
NAME	MARY ANNE MA 4931 VENUS AV	N N	2.2 NAM	WE					
STREET ADDRESS	4931 VENUS AV	'e,	2.3 STR	EET.	ADDRESS		rt		
CITY-ST-ZIP	NEW PORT Rich	4.FL 34652	2. 4 CIT	Y-S	ST - <b>Z</b> IP		<del></del>	_	
TITLE		DELETE	3.1 TITU	LE				Chang	ge [] Addition
NAME			3.2 NAM	ME					
STREET ADDRESS			3.3 STR	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	Y-\$	ST-ŽIP	4.50 (0)			
TITLE		☐ DELETE	4.1 TIT1	LE				Chan	ge [] Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET.	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$1	T-21P				
TITLE		PELLIE	5.1 TITU	LE				Chang	ge [] Addition
NAME		☐ DELETE							
STREET ADDRESS	1	LJ DECEIE	5.2 NA	ME					
CITY-ST-ZIP	; <b>1</b>	☐ DELETE	5.2 NA		ADDRESS				
		☐ VELETE	5.2 NA	HEET.					
TITLE	-	☐ DELETE	5.2 NAJ 5.3 STR	HEET Y-S1			<u>.</u>	Chan	ge [] Addition
			5.2 NAJ 5.3 STR 5.4 CIT	HEET Y-S! LE				Chan	ge [] Addition
TITLE NAME	15 · · · · ·		5.2 NAI 5.3 STR 5.4 CIT 6.1 TITI 6.2 NAI	HEET Y-SI LE ME				Chan	ge [] Addition
TITLE	15 · · · · ·		5.2 NAI 5.3 STR 5.4 CIT 6.1 TITI 6.2 NAI	Y-SI LE ME REET	T-ZIP  ADDRESS			☐ Chan	ge [] Addition

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.

SIGNATURE.

3/17/98 813-846-1772