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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S69843** (8)
1. Corporation Name
WORLDWIDE ORCHIDS, INC.



Principal Place of Business
**4725 W. PONKAN RD.
ZELLWOOD FL 32798**

Mailing Address
**P O BOX 1186
APOPKA FL 32704-1186
US**

3. Date Incorporated or Qualified
07/29/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3075982

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ROTH, MARTIN J
230 TEMPLE CIR
EUSTIS FL 32728**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------|--------------------|-------------|--------------------------|
| DP | ROTH, MARTIN J | 230 TEMPLE CIR | EUSTIS FL | <input type="checkbox"/> |
| DTS | ROTH, DAVID E | 1281 DEER LAKE CIR | APOPKA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------|----------------|-------------|-------------------------------------|--------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | 2.2 | 2.3 | 2.4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | 3.2 | 3.3 | 3.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | 4.2 | 4.3 | 4.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | 5.2 | 5.3 | 5.4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | 6.2 | 6.3 | 6.4 | <input type="checkbox"/> | <input type="checkbox"/> |

1256 ERROL PARKWAY
APOPKA, FL 32712

14. I do 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97
Date

(407) 884-8600
Daytime Phone #

CR2E034 (9/96)