PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98979

FILED Jan 28, 1999 8:00am Secretary of State

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1. Corporation	II Hame							
OUR WO	ORLD PUBLISHING CORPOR	ATION			A KARTIBOR IJE HAIDI HEND HAIAN HERRE HAIN DIÊRH.	NAME BYÐAR ÐRÐA	a 1211 a1211 (201	
Principal Place of Business Mailing Address					4 IGOINGIO IN NOTA SENIO	85045 85041 W1011		
1104 N. NOVA RD #251 1104 N. NOVA RD #251 DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117				DO NOT WRITE IN THI	SPACE			
					3. Date Incorporated or Qualifed	JOINGE		ł
					12/09/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	.,
21	•	26			59-3095828	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required	
City & Stat	te	City & State .			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	l to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Ir		A	
24	25	29	30		Personal Property Tax.	Yes	X No	ł
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New Registered	Agent		İ
SPAI	ULDING, ROGER A.							
	ONGWOOD DRIVE	**************************************		82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
ORM	IOND BEACH FL 32176			83				
,	w [*]		ļ	84 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code	İ
					FI	<u> </u>	a ragistared	ł
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the at	ove-named co	rporation submits this statement for the purpose of	intment se c	enistered	
agent. I a	im familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	iuthonzed orida Statu	by the corpora ites.	tion's board of directors. I hereby accept the appointment	munem as r	ag.0.0.0	
agent. I a						manent as r	, ·	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered		ired when reinstating) DATE			100
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE		Agent signature requ			ORS IN 12	44(00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE	: Registered	Agent signature requ	ired when reinstating) DATE	ND DIRECT	ORS IN 12	74 (44 (00)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE	t and title if applicable. (NOTE	13. 1.1 TIT	Agent signature requ	ired when reinstating) DATE	ND DIRECT	ORS IN 12	7007 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE 37 STANDISH DR.	t and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST	Agent signature requ LE ME	ired when reinstating) DATE	ND DIRECT	ORS IN 12	00007 (44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE	t and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST	Agent signature required LE ME REET ADDRESS Y-ST-ZIP	ired when reinstating) DATE	ND DIRECT	ORS IN 12	CD2F024 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE 37 STANDISH DR. ORMOND BEACH FL	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	Agent signature required LE ME REET ADDRESS Y-ST-ZIP LE	ired when reinstating) DATE	ND DIRECT	ORS IN 12	(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE 37 STANDISH DR. ORMOND BEACH FL VST	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	Agent signature required LE ME REET ADDRESS Y-ST-ZIP LE	ired when reinstating) DATE	ND DIRECT	ORS IN 12	COOLOGO (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P WHISTON, WAYNE 37 STANDISH DR. ORMOND BEACH FL VST VALDMANIS, RICHARD	t and title if applicable. (NOTE D DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ired when reinstating) DATE	ND DIRECT Change	ORS IN 12 Addition	CD20004 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P WHISTON, WAYNE 37 STANDISH DR. ORMOND BEACH FL VST VALDMANIS, RICHARD 37 STANDISH DR.	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CT 3.1 TIT	Agent signature required to the signature re	ired when reinstating) DATE	ND DIRECT	ORS IN 12 Addition	CD2FC24 (44,00)
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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 peport 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 fustee 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

CAMBIE A COMPE

5 99 Date 904-441-5367

25034 (11/98)