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

**PROFIT CORPORATION** ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

WORLDWIDE LOGISTICS INC

**FILED** Apr 29 1998 8:00am Secretary of State

WORLD	THIDE LOGISTICS, INC.			
Principal Place	e of Business	Mailing Address		
· ·	AKE DR. #932	PO BOX 276209		
BOCA RATON		BOCA RATON FL 33427 US		DO NOT WRITE IN THIS SPACE
		••		3. Date Incorporated or Qualified
				09/23/1992
2. Principal Pl	lace of Business	2a. Mailing Address	10	4. FEI Number Applied For
21 / 8 5 Suite, Apt	GOOWA-KIEG-NA	26 2525 5 1 Suile, Apt. #, etc.	<u>~ 32°</u>	65-0367078   Not Applicable   \$8.75 Additional
22		27 5 7 2 2	381	5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23 W :	smi_ FL	28 MiAmi	FL	Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33	33 25 45	29 33145 3	<u>د م</u> ه	Personal Property Tax due June 30. Yes No
ļ. <u> </u>	9. Name and Address of Current I	legistered Agent'		10. Name and Address of New Registered Agent
STEGALL, WILLIAM R 21410 TOWNLAKE DR. #932 BOCA RATON FL 33486  81 Name 82 Street Additional Street Additions of the street Additional Str			Address (P.O. Box Number is Not Acceptable)	
			84 City	FL 85 Zip Code 3 3 3 2 3
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 (	and value typed or prefer hard corregisted of agents	od mor applicable The IE I	gistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND (	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	Change ☐ Addition
NAME	Stegall, William R		1.2 NAME	
STREET ADDRESS	21410 TOWNLAKE DR. #932		1.3 STREET ADDRESS	1851 WA-KEE-NA-DEIVE
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	COCONUT Grove, FL 33133
TITLE	DS	DELETE	2.1 TITLE	Thange Addition
NAME	STEGALL, KELLEY		2.2 NAME	
STREET ADDRESS	13617 SW 115TH LN.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33188		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	<b>⊅</b> P ☐ Change <b>□</b> Addition
NAME			3 2 NAME	CONSTANCE A STEGALL
STREET ADDRESS			3.3 STREET ADDRESS	1851 WA-KEE-NA-DELVE
CITY - ST - ZIP			3.4. CITY - ST - ZIP	COCONUT Grove, FL35183
TITLE		☐ DELETE	4.1 TITLE	<b>S</b> □ Change
NAME			4. 2 NAME	ANDREA STEGALL
STREET ADDRESS			4.3 STREET ADDRESS	2220 BC BOCA RANCHO Drive
CITY-ST-ZIP			4.4 CITY - ST - ZIP	BOCA RATON, FL 33476
THLE		DELETE	51 TIFLE	Change Addition
NAME			5.2 NAME	KIMBERLY-ADD MENELL
STREET ADDRESS			5.3 STREET ADDRESS	KIMBERLY-ANN McNeill 150-18 SQHA AVE Flushing , N. Y 11355
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Flushing, N. y 11355
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. 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.