

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

FILED
Feb 10, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-10-1999 90009 022 ***150.00

DOCUMENT # F96000006530
 Corporation Name
...P WORLDWIDE INC.



Principal Place of Business
3 BROADWAY NY 10019

Mailing Address
1633 BROADWAY NY NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1996	
4. FEI Number 13-3906555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NE 167TH ST N MIAMI BCH FL 33162		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	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKELVEY, ANDREW J	1.2 NAME	
STREET ADDRESS	1633 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10019	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISELE, GEORGE	2.2 NAME	
STREET ADDRESS	600 INTERNATIONAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT OLIVE NJ 07828	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULDING, JOHN R	3.2 NAME	
STREET ADDRESS	115 MARGARITA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL CA 94901	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GRAEME K JR	4.2 NAME	
STREET ADDRESS	2 PENN CTR PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLU, JEAN-LOUIS	5.2 NAME	
STREET ADDRESS	57 BIS BD EXELMANS	5.3 STREET ADDRESS	
CITY-ST-ZIP	75016, PARIS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, JOHN	6.2 NAME	
STREET ADDRESS	49 LESMILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DON MILLS, ON M3B 2T8	6.4 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)(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, with all other like empowered.

SIGNATURE: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)