

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P06297 (6)

1. Corporation Name  
337 WORTH INCORPORATED

Principal Place of Business  
899 W CYPRESS CREEK ROAD  
SUITE 317  
FORT LAUDERDALE FL 33309  
US

Mailing Address  
899 W. CYPRESS CREEK ROAD  
SUITE 317  
FORT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/04/1985

4. FEI Number  
52-1411785

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 3333 W. Commercial Blvd.  
Suite, Apt. #, etc.

22 111  
City & State

23 Ft. Lauderdale, FL  
Zip Country

24 33309 25 US

2a. Mailing Address  
26 3333 W. Commercial Blvd.  
Suite, Apt. #, etc.

27 111  
City & State

28 Ft. Lauderdale, FL  
Zip Country

29 33309 30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FONG, MICHAEL C  
STREET ADDRESS 899 W. CYPRESS CREEK ROAD #317  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D  
NAME EL-HADDAD, OSAMA  
STREET ADDRESS 899 W. CYPRESS CREEK ROAD #317  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D  
NAME JAMEEL, MAGDI  
STREET ADDRESS 1 RUE DES GENETS  
CITY-ST-ZIP MONTE CARLO MONACO

TITLE ST  
NAME LOVELL, RICHARD C  
STREET ADDRESS 899 W. CYPRESS CREEK ROAD #317  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3333 W. Commercial Blvd., Suite 111  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3333 W. Commercial Blvd., Suite 111  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 3333 W. Commercial Blvd., Suite 111  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 any attachment with an address.

SIGNATURE

*Richard C. Lovell*

Richard C. Lovell

4/17/98

054-333-0000

CR2E034 (10/97)