

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

**FILED**

**Apr 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06297 (6)**

1. Corporation Name  
**337 WORTH INCORPORATED**



Principal Place of Business <b>899 W CYPRESS CREEK ROAD SUITE 317 FORT LAUDERDALE FL 33309 US</b>	Mailing Address <b>899 W. CYPRESS CREEK ROAD SUITE 317 FORT LAUDERDALE FL 33309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3333 W. Commercial Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3333 W. Commercial Blvd.</b> Suite, Apt. #, etc.
22 <b>111</b> City & State	27 <b>111</b> City & State
23 <b>Ft. Lauderdale, FL</b> Zip Country	28 <b>Ft. Lauderdale, FL</b> Zip Country
24 <b>33309</b> 25 <b>US</b>	29 <b>33309</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>06/04/1985</b>	
4. FEI Number <b>52-1411785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
<b>FL</b>
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 (NO 11 Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FONG, MICHAEL C</b>	
STREET ADDRESS	<b>899 W. CYPRESS CREEK ROAD #317</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EL-HADDAD, OSAMA</b>	
STREET ADDRESS	<b>899 W. CYPRESS CREEK ROAD #317</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMEEL, MAGDI</b>	
STREET ADDRESS	<b>1 RUE DES GENETS</b>	
CITY-ST-ZIP	<b>MONTE CARLO MONACO</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVELL, RICHARD C</b>	
STREET ADDRESS	<b>899 W. CYPRESS CREEK ROAD #317</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3333 W. Commercial Blvd., Suite 111</b>
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3333 W. Commercial Blvd., Suite 111</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>3333 W. Commercial Blvd., Suite 111</b>
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)