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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000059729 (1)

## **WORTHINGTON PROPERTIES INCORPORATED**

	<del></del>	<u>-</u>			
Principal Place of Business Mailing Address					
100 EAST SYBELIA AVENUE 100 EAST SYBELIA AVE			AVE		
STE. 225 Maitland Fl 32751		STE. 225 Maitland fl 32751			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					08/12/1994
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0518899 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired X \$8.75 Additional
22	<del></del>	27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23	Country	28	-4- <del>-1</del>		Trust Fund Contribution
Zip	Country 26	Zip	30	шу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	B. Name and Address of Curre	nt Registered Agent	[30]		10. Name and Address of New Registered Agent
LIA	GLE, MARC L			81 Name	
100 EAST SYBELIA AVENUE					
	E. 225		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
	ITLAND FL 32751		83		······································
****	TE SEIVI				
				B4 City	FL 85 Zip Code
11. Pursuant f	to the provisions of Sections 607.050	02 and 607.1508, Florida S	statutes, the ab	ove-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change v	was authorized	I by the cor	poration's board of directors. I hereby accept the appointment as registered
•	with the transfer and descept the cong	junono on socilon con logo.	o, i ionaa otaa		
SIGNATURE	Signature, typed or printed name of registered ag-	junt and title if applicable	(NOTE: Registered	Agent signature	e required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPS	☐ DELETE	1.1 TIT	LE	☐ Change ☐ Addition
NAME	KRUMM, WALTER T		1.2 NA	ME	
STREET ADDRESS	4951 GULF SHORE BLVD. N	. PH301	1.3 ST	REET ADDRESS	
CITY-ST-ZIP	NAPLES FL			Y-ST-ZIP	
TITLE	P	☐ DELETE			Change Addition
NAME	HAGLE, MARC L		2.2 NA		}
STREET ADDRESS	100 E. SYBELIA AVE., #225 MAITLAND FL			REET ADDRESS	
CITY-ST-ZIP TITLE	AS AS	DELETE		Y-ST-ZIP	Change Addition
	LANGFORD, SHARON		1		Change C Addition
NAME CENTER ADDRESS	100 E. SYBELIA AVE, #225		3.2 NA		
STREET ADORESS	MATILAND FL			EET ADDRESS	
CITY-ST-ZIP TITLE	WAIDAID IT	DELETE		TY-ST-ZIP	Change Addition
NAME			4. 2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				Y - ST - ZIP	
TITLE	<del></del>	DELETE			Change Addition
NAME			5.2 NA		
STREET ADDRESS			5.3 ST	ieet address	
CITY-ST-ZIP			5 4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	6 1 TIT	.E	Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS		1	6.3 STF	EET ADDRESS	
CITY - ST - ZIP				Y-ST-ZIP	
14. Thereby of indicated in	ertify that the information supplied won this annual report or supplied w	with this fifing does not qually annual report is true and	lify for the exe	mption state that my sin	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information posture shall have the same legal effect as if made under path; that I am an
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 required 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.					
BIOCK 12 (	ਆ ਛਮਰਫ਼ਨ ਜਤ ir changed, or on an Mita	oyinggot with an address.			,

CICNIATURE.

(402) (202-204)

**FILED** 

Apr 03 1998 8:00am

Secretary of State

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