

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

0564613

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90048 047 \*\*\*150.00

DOCUMENT # 309840

1. Corporation Name  
W W INTERESTS INC

Principal Place of Business  
% C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324

Mailing Address  
C/O JOHN G. ANDERSON  
2600 ONE COMMERCE SQ.  
PHILADELPHIA PA 19103



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1966

4. FEI Number

21-0590830

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME TROAST, ARTHUR  
STREET ADDRESS 309 W. 104 TH STREET, 9B  
CITY-ST-ZIP NEW YORK NY

TITLE VPS  
NAME YOUNG, ANDREW B  
STREET ADDRESS 2600 ONE COMMERCE SQ  
CITY-ST-ZIP PHILADELPHIA PA

TITLE D  
NAME NICHOLSON, S. FRANCIS  
STREET ADDRESS KENDALL AT LONGWOOD  
CITY-ST-ZIP KENNETT SQ PA

TITLE T  
NAME AUCHTER, THOMAS J  
STREET ADDRESS 305 MUNN LANE  
CITY-ST-ZIP CHERRY HILL NJ

TITLE P  
NAME WEBSTER, A RICHARD  
STREET ADDRESS 548 E MAIN STREET  
CITY-ST-ZIP MOORESTOWN NJ

TITLE D  
NAME STILES, CAROL A  
STREET ADDRESS 365 HICKORY LN  
CITY-ST-ZIP HADDONFIELD NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME ALAN AUTRIM  
1.3 STREET ADDRESS 609 SUSSEX RD  
1.4 CITY-ST-ZIP WYNNWOOD PA 19096

2.1 TITLE D  
2.2 NAME Christopher F. Stouffer Esq.  
2.3 STREET ADDRESS STOUFFER & RYAN PC  
2.4 CITY-ST-ZIP 1515 MARKET STREET Suite 601  
Philadelphia PA 19102

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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 an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

3 March 1999

Date

Daytime Phone #

CR2E034 (11/98)