FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **'CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 25 MI 8: 1-1 DOCUMENT # F73419 SECKE WAS FOR STATE TALLAHASSEE, FLORIDA Wentworth Realty & Development Corp. Principal Place of Business Mailing Address 7878 SW Ellipse Way 7878 SW Ellipse Way P.O. Box 2924 P.O. Box 2924 3. Date Incorporated or Qualified 3a. Date of Last Report Stuart, FL 34995 Stuart, FL 34995 3/24/1982 5/1/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2199076 21 26 Not Applicable Suite, Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Wentworth, George E. 7878 SW Ellipse Way Stuart, FL 34995 83 84 City Zip Code 85 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 profed hame of registered agent and title if applicable (NOTE Registered Agent signature required when relosating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) President DELETE 113016 Change Addition TITLE NAME 1.2 NAME Wentworth, George E. STREET ADDRESS 13 STREET ADDRESS 7878 SW Ellipse Way 1.4 CITY - ST - 7IP CITY-ST-ZIP Stuart, FL 34997 DELETE TITLE 2.1 1111.6 ****165.00 \$\$\$\$*165*00 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 3.1 MILE TITLE NAME 3.2 NAME STREET ADD SS 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP CHTY-ST-ZIP DELETE TITLE 41100 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/TY - \$1 - 7/P DELE'E 51 1011 Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 OTY-S1-7IP DELFTE TITLE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - S1 - 7:P 14. I do hereby certify that the inform icd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute information indicated on this anni Lam an officer or director of the appears in Block 12 or Block nitual report is true and accurate and that my signature shall have the same legal unect as if made under eath; that Trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nt with an address

Geor

9/8/97 (561)286-7800 President