

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J73655

(9)

1. Corporation Name  
WENTWORTH INVESTMENTS, INC.

Principal Place of Business

8700 GLADIOLUS DRIVE  
FT. MYERS FL 33908

Mailing Address

8700 GLADIOLUS DRIVE  
FT. MYERS FL 33908-3628

3. Date Incorporated or Qualified  
05/20/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0054830

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRETT, JAY  
2121 W. FIRST STREET  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Mohamed Al-Darsani  
82 Street Address (P.O. Box Number is Not Acceptable)  
9700 Gladiolus dr.  
83 Ft. Myers, Ft. 33908  
84 City Fort Myers, FL. FL 85 Zip Code 33908

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

Mohamed Al-Darsani

4-28-97

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	ST	<input type="checkbox"/> DELETE
NAME	MARTINI, FAEZ	
STREET ADDRESS	133 EBURY STREET	
CITY-ST-ZIP	LONDON S.W.I. ENGLAND	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FANSA, SAMIR	
STREET ADDRESS	9640 WINDSOR GDNS LN 202	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DARSANI, MOHAMRD AL	
STREET ADDRESS	9700 GLADIOLUS DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33908	
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	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martini, Faez	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fansa, Samir	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mohamed Al-Darsani	
3.3 STREET ADDRESS	9700 Gladiolus dr.	
3.4 CITY-ST-ZIP	Ft. Myers, FL. 33908	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE:

Mohamed Al-Darsani S.T. 4-28-97 (941) 489-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)