FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00														F	TT 1	 FT)		
CO	PROFIT CORPORATION ANNUAL REPORT 1998				Sandra B. Secretar			TMENT OF STATE Mortham y of State ORPORATIONS			FILED Feb 05 1998 8:00am Secretary of State								
DOCU 1. Corporation	on Name		K85120)		(9)					-	5		Ctt	ai y	U	1 \	,,,	itC
	SWORTH,							ı											
Principal Place of Business % C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324					Mailing Address 75 SECOND AVE. SUITE 540 NEEDHAM MA 02194 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified								
2. Principal P	lace of Busin	ness		2a.	Mailing /	Address)5/03/19 I Number						Ар	plied For
Suite, Apt.	#, etc			\Box	Suite, Ap	ot. #. etc.					5. Ce	06-127 ertificate d		Desired	, r		\$8.	_	t Applicable vdditional
City & Stat	θ			_	City & St	tate					<u> </u>	ection Ca			ng _				quired May Be
Zip		Coul	ntry		Zip		·	Count	'y		8. Th	ust Fund one or	ation ow	es or ha		he cur	rent yea	ar Inta	
24		and Add	iress of Current I	29 Regist	ered Age	ent	30	<u>'l</u>				ersonal Pro ame and					Yes		No
12	CORPORA OO S. PINE ANTATION	ISLAND	ROAD					8			ss (P.O.	Box Num	ber is N	lot Acce	ptable)				
			•					8:									85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisi eg-stered ag m familiar wil	ons of Se ent, or bo th, and a	ections 607.0502 a oth, in the State of ccept the obligation	and 60 Florida	7.1508, F a. Such o Section	Florida Stat change was 607.0505, I	utes, s auth Florid	the abor orized b a Statute	/e-named by the coasts.	d corpoi rporatio	ration su en's boar	ubmits thind of direct	s statem tors. I h	ent for t ereby a	the purp ccept th	ose of e app	changi cintmen	ng its t as r	registered egistered
SIGNATURE			ame of registered agent a						ent signatur										
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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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Elock 13 if changed, or on an attachment with an accrees.

SIGNATURE:

6.2 NAME

5.3 STREET ADDRESS

NAME

STREET ADDRESS