## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1)L04269 WORTHY REALTY, INC. Principal Place of Business Mailing Address % TERRY E. BEADLE % TERRY E. BEADLE 3159 E ATLANTIC BLVD 3159 E ATLANTIC BLVD DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 07/24/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0255757 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 BEADLE, TERRY E. 3159 E ATLANTIC BLVD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent, I am familiar with and accept the \$02 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of Section 607.0505, Fiorida Statutes. CERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition BEADLE, TERRY E. NAME 1.2 NAME 3159 E ATLANTIC BLVD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE \_\_\_ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME

6.3 STREET ADDRESS

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Side empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in

6.4 CITY - ST - ZIP

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information indicated on this annual report of su officer or director of the corporation. Block 12 or Block 13 if changed,

CITY-ST-ZIP