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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47737

(6)

WORTECH, INC.

SIGNATURE:

Principal Place of Business Mailing Address % ROGER WORBOYS **S ROGER WORBOYS** 1045 E. ATLANTIC AVE. #300 1045 E. ATLANTIC AVE. #300 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-6955 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1990 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0170840 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z₁₀ Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RISKIN, STAN L. 499 NW 70TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INOTE: Registered Agent signature required when reinstating) Signature, typed or printed halite of registered agent and bright applicable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE 1.1 TITLE Change TITLE WORBOYS, ROGER NAME 1.2 NAME 291 N.W. 42ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIE 1.4 CITY - ST - ZIP DELETE HILE VΡ 2.1 TITLE Change Addition ROBLES, HECTOR NAME 2.2 NAME 2400 NW 16TH STREET ROAD, APT. 204 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TOTLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 arinual 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 shanged, or on an attachment with an address. Roger work of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR