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Mar 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L47737 (6)
1. Corporation Name
WORTECH, INC.



Principal Place of Business
% ROGER WORBOYS
1045 E. ATLANTIC AVE. #300
DELRAY BEACH FL 33483

Mailing Address
% ROGER WORBOYS
1045 E. ATLANTIC AVE. #300
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3333 W. ATLANTIC BLVD		26 3333 W. ATLANTIC BLVD		01/31/1990	
22 22		27 22		4. FEI Number	
23 Pompano BEACH FL		28 Pompano BEACH FL		65-0170840	
24 33069		29 33069		5. Certificate of Status Desired	
25		30		X \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution	
Country		Country		X \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible	
Country		Country		Personal Property Tax due June 30. X Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RISKIN, STAN L. 499 NW 70TH AVENUE PLANTATION FL 33317		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	WORBOYS, ROGER	1.2 NAME	
STREET ADDRESS	291 N.W. 42ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	[] Change [] Addition
NAME	ROBLES, HECTOR	2.2 NAME	
STREET ADDRESS	2400 NW 16TH STREET ROAD, APT. 204	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 _____ 2/1/98

CR2E034 (10/97)