

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 12:04

DOCUMENT # P35212 (0)

1. Corporation Name

WORRELL MUSEUM, INC.

Principal Place of Business

**1450 S. DIXIE HWY.
BOCA RATON FL 33432**

Mailing Address

**1450 S. DIXIE HWY.
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0272642

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITHER, ROBERT M JR.
% WORRELL ENTERPRISES, INC.
1450 S. DIXIE HWY.
BOCA RATON FL 33432**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	WORRELL, THOMAS E JR.
STREET ADDRESS	1450 S. DIXIE HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	LIEBESKIND, ROBERT
STREET ADDRESS	80 ISLA BAHIA DR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SINGER, DONALD
STREET ADDRESS	13 W. LAS OLAS BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	DEITCH, JEFFREY
STREET ADDRESS	721 FIFTH AVE.
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	LESTER, THOMAS
STREET ADDRESS	601 NW 12TH AVE.
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	T
NAME	SMITHER, ROBERT M JR.
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 18 '95

407-338-3270