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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35212

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



2. Principal Place of Business

21 14 S. SWINTON AVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FL

Zip

24 33444

Country

25 USA

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

Zip

29 33444

Country

30 USA

3. Date Incorporated or Qualified

08/22/1991

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14 S. SWINTON AVE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PCD
WORRELL, THOMAS E JR.
STREET ADDRESS
1450 S. DIXIE HWY.
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
D
LIEBESKIND, ROBERT
STREET ADDRESS
80 ISLA BAHIA DR.
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
SINGER, DONALD
STREET ADDRESS
13 W. LAS OLAS BLVD.
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
DEITCH, JEFFREY
STREET ADDRESS
721 FIFTH AVE.
CITY-ST-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
D
LESTER, THOMAS
STREET ADDRESS
601 NW 12TH AVE.
CITY-ST-ZIP
DEERFIELD BEACH FL

TITLE ☐ DELETE

NAME
T
SMITHER, ROBERT M JR.
STREET ADDRESS
1450 S DIXIE HWY
CITY-ST-ZIP
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
14 S. SWINTON AVE
DELRAY BEACH, FL 33444

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 S. SWINTON AVE
DELRAY BEACH, FL 33444

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SMITHER, JR. 4/27/99 (561) 243-2400

Date

Daytime Phone #

CR2E037 (11/98)