## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400005916

1. Corporation Name

WORTHY COMMUNICATIONS INC

	1 COMMONICATIONS, INC.							
<u> </u>	<u> </u>							
l :	e of Business	Mailing Address				•		
12505 STARKE	Y ROAD	12505 STARKEY ROAD						
SUITE E SUITE E LARGO FL 34643 LARGO FL 34643				DO NOT W	RITE IN THE	S SPACE		
ENIOU IE STOTO			<b>+</b>	3. Date Incorporated or Qualife		0017102		
				1	01/14/1994			
2. Principal P	Place of Business	2a. Mailing Address		+	4. FEI Number		I A	pplied For
21	•	26			59-3221625		<u> </u>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certifcate of Status Desired		Fee R	Required
City & Stat	te ;	City & State			6. Election Campaign Financin	g $\square$	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country .	Zip	Country	1	8. This corporation owes the c	urrent year Ir		_
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	<del></del>	941 11		10. Name and Address of Nev	v Registered	i Agent	
GOO	DDMAN, GLENN	k e i prim , k	81 Nam	е				
	MEADOWWOOD DR		82 Stree	et Address	(P.O. Box Number is Not Acce	ptable)		
ſ	ARWATER FL 34621				<u> </u>	-/	<u> </u>	X
- CLL	ARMATER I E 3402 I		83					
·			84 City				85 Zip	Code
						FL	_   `   ` '	
ACCES TO SERVE	<u> </u>						<del></del>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-name	d corpora	tion submits this statement for the	he purpose o	f changing its	s registered
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of maniliar with, and accept the obligations of the control of	of Florida. Such change was at	uthorized by the co	d corpora poration's	tion submits this statement for the board of directors. I hereby account	he purpose o cept the appo	f changing its sintment as re	s registered egistered
office or i	registered agent, or both, in the State of	of Florida. Such change was au ions of, Section 607.0505, Flor	uthorized by the co rida Statutes	rporation's	board of directors. I hereby acc	ne purpose o cept the appo	f changing its pintment as re	s registered egistered
office or a agent. If a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligat  Signature, typed or printed name of registered agent	of Florida. Such change was all ions of, Section 607.0505, Flor and title if applicable. (NOTE:	uthorized by the co rida Statutes.  Registered Agent signatur	rporation's	en reinstating).	DATE	ointment as n	egistered
office or agent. If a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	of Florida. Such change was all ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	uthorized by the corida Statutes.  Registered Agent signature  13.	rporation's	board of directors. I hereby acc	DATE	ND DIRECTO	egistered ORS IN 12
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office or in agent. If a signature  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of m familiar with, and accept the obligated agent of the properties of the obligation of the state of the obligation of the state of	of Florida. Such change was all ions of, Section 607.0505, Flor and title if applicable. (NOTE: D DIRECTORS	Registered Agent signatur  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRES  1.4 CITY-ST-ZIP  2.1 TITLE	e required who	en reinstating).	DATE	ND DIRECTO	egistered ORS IN 12 Addition
office or in agent. If a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of m familiar with, and accept the obligated agent of the properties of the obligation of the state of the obligation of the state of	of Florida. Such change was autions of, Section 607.0505, Florient in applicable.  ODIRECTORS  DELETE	Registered Agent signatur  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	e required who	en reinstating).	DATE	ND DIRECTO	egistered ORS IN 12 Addition
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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 supplier 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 of 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 so an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90025 046 \*\*\*150.00

CR2E034 (11/98)