FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 MENT # P94	000036152 (4	CORPORATIONS		
WORLEY L. SEWELL, JR. PROPERTIES, INC. Principal Place of Business Mailing Address					
528 CLEMATIS ST 528 CLEMATIS ST WEST PALM BEACH FL 33402 WEST PALM BEACH FL			L 33402		
				3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 02/24/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	, etc.	26 Suite, Apt. #, etc.		65-0511282	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23		Orty & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
4	25] 9. Name and Address of 6	29 Current Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	No edistored Apont
			81 Name	10. Numb and Address of them for	Sherengo Marit
	S, TASO M		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
1819 MA SUITE 1			B3		
	TA FL 34236				
			84 City		FL 85 Zip Code
familiar witi SIGNATURE	o agent, or doth, in the State o	of Florida. Such change was authorizity, Section 607.0505, Florida Statutes	ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo d when reirstating)	intment as registered agent. I am
12. IIILI	OFFICER D	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
NAME	SEWELL, WORLEY L JA	DELETE].	1. 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	528 CLEMATIS ST		1.3 STREET ADDRESS		
City-St-ZiP	WEST PALM BEACH FL	. 33402	14 CITY-ST-ZIP		
tinu t	D Brown, Harold C	DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	528 CLEMATIS ST		2.2 NAME		
DTY-ST-ZIP	WEST PALM BEACH FL	. 33402	2 3 STREET ADDRESS 2 4 CHTY-ST-ZIP		
II.F		DELETE	3 1 TITLE		☐ Change ☐ Addition
MAME .			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
HY-ST ZP	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4 CITY-ST-ZIP		D.C
AME		☐ nereit	4 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
UTY-SI-ZIP			4 4 CITY-ST-ZIP		
IFLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
IAME			5 2 NAME		
THELT ADDRESS			5 3 STREET ADDRESS		
ITY-S1-ZIP		☐ DELETE	5.4 CiTY - ST - ZiP		M Channe Andre
IAME		טנונונ	6 1 TITLE 6.2 NAME		Change Addition
THEET ADDRESS			6.3 STREET ADDRESS		
-TY-\$1-7-P			6 4 CITY - ST - ZIP		
14. I do hereby certify that t ceth, that I	certify that the information sup he information inclicated on this	plied with this filing is voluntarily furni s annual report or supplemental annu	shed and does not qualify to	or the exemption stated in Section 119.0 te and that my signature shall have the section 119.0 te and that my signature shall have the section 119.0 te and the section 1997. It is a report as required by Chapter 607.)7(3)(k), Florida Statutes. I further same legal effect as if made under

appears in Block 12 or Block 1 β if changed, or on an attachment with an address.

SIGNATURE:

MORIETA SENDE JR. (407) 832-7171 3-12-96
Date Date Description