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

PROFIT

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000078267 (9)

WORD BY WORD, INC.

Principal Place of Business
3821 WOOLBRIGHT RD.
BOYNTON BEACH FL 33436

Mailing Address

3821 WOOLBRIGHT RD. BOYNTON BEACH FL 33436-7207 FILED Feb 26 1997 8:00am Secretary of State



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						Ī	3. Date Incorporated or Qualifie		e of Last F	Report	
							10/25/1994	02/1	5/1996		
2. Principal Pl	lace of Business	2a. Madin	2a. Mading Address				4, FEI Number		A	oplied For	
21		26					65-0532396		No	ot Applicable	
Suite, Apt.	#, etc	Suite.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22	· · · · · · · · · · · · · · · · · · ·	27					S. COMMOND OF CHARGE DOSINGS			equired	
City & State	0	<u> </u>	State				6. Election Campaign Financing		\$5.00	May Be	
23		28	γ		:		Trust Fund Contribution	<u> </u>		to Fees	
Ζφ 	Country	Zip		Count	ry		8. This corporation has liability f			. 199.032,	
24	25] g_ Name and Address of Currer	29		30			Florida Statutes	Yes [
4100	······································	1 Name	10. Name and Address of New Registered Agent								
MOSS, DATALLS							•				
9291 OAK GROVE CIR.					82 Street Address (P.O. Box Number is Not Acceptable)						
DAV	NE FL 33328			_	_						
					3						
				8	4 City			FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.150	8. Florida Statute:	s, the abo	ve-named	corpor	ation submits this statement for th	nuroona of	hanoino it	ts registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Suc	th change was at	ithorizeci i	ov the corr	poration	's board of directors. I hereby ac-	cept the appo	intment as	registered	
SIGNATURE.	Signature, type d or pentert name of registered age	ent and title if applica	ble (NOTE:	Registered A	oent signature	required i	when reinstating)	DATE	 		
12.	OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12	
TITLE	P		DELETE	1.1 TITLE		<u> </u>			Change	☐ Addition	
NAME	MOSS, HARVEY C			1.2 NAM	Į.	~	1655 HARVE	y c.			
STREET ADDRESS 2015 NORTHEAST 198 TERRACE				1.3 STREET ADDRESS		112	1655 HARVE 211 5. MILLITI	lay T	A 35	1196	
CHY-ST-ZIP	NORTH MIAMI BEACH FL 331	70		1.4 CiTY		B	OYDTON BU	H FL	33	436	
TITLE		***************************************	DELETE	2.1 TITLE		13			Change	Addition	
NAME				2.2 NAM	.						
STREET ADDRESS				2.3 STRE	ET ADDRESS						
City - St - ZiP				2. 4 CITY							
TITLE			DELETE	3.1 TITLE					.] Change	Addition	
NAME				3.2 NAM	:				_ •		
STREET ADDRESS					ET ADDRESS	1					
City - St - ZiP				3.4. CITY							
TITLE		·	DELETE	4.1 TITLE		····	B-1811		Change	Addition	
NAME				4. 2 NAW				•			
STREET ADDRESS					ET ADDRESS						
DITY - ST - ZIP				4.4 CITY						j	
TITLE			DELETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAM				·			
STREET ADDRESS				•	ET ADDRESS	Ì					
CITY - ST - ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		 			Change	Addition	
1			L. Decen		j	i		ι	-1 CHAUGE	CT VOOLDOIL	
NAMÉ STORET ADDOCCE				6.2 NAM						-	
STREET ADDRESS				1	et address						
C/TY-ST-Z/P				6.4 CITY	ST-ZIP	L					

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 561->34-1767 Date Description #