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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071018 (2)

WORTH MEDIA INCORPORATED

FILED Apr 14 1997 8:00am Secretary of State



1	e of Business PLACE STE 712 FL 33480		Mailing Address 150 BRADLEY PLACE STE 712 PALM BEACH FL 33480-3846						
						3. Date Incorporated or Qualif 09/11/1995		Date of Last 06/20/1996	
2. Principal P	Place of Business	2a. Mailing Address 26				0 000004			Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip [29]	30 Co.	intry		8. This corporation has liability Florida Statutes	Ye:	s 🔲 No	s. 199.032,
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of Nev	v Registe	ered Agent	
ELK	(IND, LYNNEA			81	Name				
	BRADLEY PLACE STE 712			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PAL	M BEACH FL 33480			83	· · · · · · · · · · · · · · · · · · ·				
ļ				63	1				Į.
				84	City			FLI	o Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.050; registered agont, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Stati of Florida. Such change was ations of, Section 607.0505, F	utes, the a authorize florida Stat	bove d by tutes	e-named cor rithe corpora s.	rporation submits this statement for ation's board of directors. I hereby a	the purpo ccept the	se of changing appointment a	its registered is registered
SIGNATURE									
12.	Signature, typed or printed name of registered age OFFICERS AND		DE Registere	d Age	rit signature requ	uirod when reinstating) ADDITIONS/CHANGES TO O	DA EFICERS		DS IN 12
TITLE	D	DELETE	1.1 1	1LE		ADDITIONS/CHANGES TO C	T TOE.TO	Change	
NAME	ELKIND, LYNNEA		1.2 N						
STREET ADDRESS	150 BRADLEY PLACE STE 712	2			ADDRESS				1
CITY-ST-ZIP	PALM BEACH FL 33480		140		· 1				Ì
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NAME			2.2 N	4M[
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CITY-ST-ZIP			2.40	(1Y - S	S1-2IP				
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NAME Street address			4.2 N		*DDDC00				
					ADDRESS				
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NAME		Branch Branch Co. Cl.	5.2 N		Ì			مواسد و ا	
STREET ADDRESS					ADDRESS	•			
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THLE		DELETE	611					Change	Addition
NAME			6.2 N/	AME					
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CITY-ST-ZIP			6.4 CI		ì				Ì
	by certify that the information supplied	I with this filing does not gua				ed in Section 119.07(3)(i). Florida Sta	itutes I fu	urther certify tha	al 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Birck 13.1 chapted, or on an attachment with an address.