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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000076232 (4)

WORTHWHILE DEVELOPMENT, INC.										
Р	rincipal Place of Business	Ma				T TO DIRECT ME TOTAL BILLI BOTH DOST BOTH SOUTH BILLI HOUSE ORTH 16000 31119 FIGUR				
	700 RIVERBEND BLVD. LONGWOOD FL 32779		700 RIVERBEND BLVD. LONGWOOD FL 32779							
						3 . D	ate Incorporated or Qualified	3a. Dat	e of Last Report	
2	Principal Place of Business	28.	Mailing Address				El Number		Applied For	
21		26					59-33616	0	Not Applicat	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 . C	ertificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State	28	City & State				Election Campaign Financing Trust Fund Contribution		S5.00 May Be Added to Fees	
24	Zip Countri 25	y 29	Zip	Countr	у		his corporation has liability fo lorida Statutes	r intangible t	ax under s. 199.032,	
	9. Name and Addre	ess of Current Regist		10. Name and Address of New Registered Agent						
l				81	Name	•				
ROYAL, H. J. JR. 700 RIVERBEND BLVD.					Street	t Address (P.O	ess (P.O. Box Number is Not Acceptable)			
LONGWOOD FL 32779				83	B					
				84	City			FL	85 Zip Code	
1	 Pursuant to the provisions of Section registered agent, or both, in the familiar with, and accept the obliga- 	State of Florida, Such	change was authorized					urpose of ch	anging its registered of	
s	IGNATURE Syndise (specific participants)	stoop teed good collegers	garicone control (fullific	r fog food∧y	sda patas	a que y l'avisto a se	String	DATE	- · · · · · · · · · · · · · · · · · · ·	
	3	NELLYCE DOLANTS AND A	TODE	T 13		··	DOLLONG CHANGE OF TO OF	CIOCURO ANI	S PUBLICACIONE IN 10	

SIGNATURE Syndrice Spector participants their treatment for at 100 to 100 per									
12.	OFFICERS AND DIRECTOR		1 3.	ADDITIONS CHANGES TO OFFICERS AND DIRECTO	DRS IN 12				
TITLE	DPST	DELETE	1 1 TITLE	Change	Addition				
NAME	ROYALL, H.J. JR.		1.2 NAME						
STREET ADDRESS	700 RIVERBEND BLVD.		13 STREET ADDRESS						
CITY-S1-ZIP	LONGWOOD FL 32779		14 CiTY - S* - ZiP						
TITLE		☐ DELFTE	2 1 TITLE	☐ Change	☐ Addition				
NAME			2.2 NAME						
STREET ADDRESS			2 3 STREET ADDRESS						
CiTY-ST-ZiP			2.4.01 ³ Y - S1 - 7iP						
TITLE		DECETE	3 1 Ti*(F	☐ Change	Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRÉET ADORESS						
CITY - ST - ZIP			3.4 CICY - ST - ZIP						
TITLE		□ DECETE	4 1 TITLE	Change	Addition				
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP			4.4 CiTY - ST - ZiP						
TITLE		☐ DELETE	5 1 TITLE	☐ Change	Addition				
NAME			5.2 N4ME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CiTY - ST - ZiP						
TITLE		DECETE	6 1 TITLE	☐. Change	☐ Addition				
NAME			6.2 NAME						
STREET ADDRESS			. 63 STREET ADDRESS						
CITY - ST - ZIP			64 CITY - ST - ZIP						

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes: I further certify that the information indicated on this armus' reject or supplemental annual report is true and accurate and truit my signature shall have the same legal effect as if made under oath; that I am an officer or director of this 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 13 in changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR 1/2 7/25/56 407-862:268/

CR2E034 (12/95)

Applied For Not Applicable