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 **#95000076232**1. Corporation Name

WORTHWHILE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address



FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90017 004 ***158.75

W. STATE ROAD 434 ± 400 TWOOD FL 32779	2949 W. STATE ROAD 434 Suite 400 Longwood Fl 32779		DO NOT WRITE IN THIS SPACE			
			 Date Incorporated or Qualifed 10/05/1995 			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
2949 W. SR 43	4 26 2949 W. SR 4	134	59-3361601		No	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 /	Additional
SUITE 400	27 Suite 400		5. Certifcate of Status Desired	XX	Fee Re	quired
- City & State	City & State		6. Election Campaign Financing		\$5.00	May Be
TT	28 Longwood, FI		Trust Fund Contribution		Added t	
Zip LONGWOOD, FL.		Country	8. This corporation owes the curr	ent vear Inta	angible	
→	· _ :	Seminole	Personal Property Tax.	···· ,·· ····	Yes	□No
	ress of Current Registered Agent	<u> </u>	10. Name and Address of New F	Registered /	Agent	
		81 Name				
ROYALL, H J J		Roy	ddress (P.O. Box Number is Not Accepta			
700 RIVERBEND BLVD			•	able)		
SUITE 1100		83 294	9 W. SR 434		 -	
LONGWOOD FL 32779		1 2 1	te 400			
LONGWOOD I L 32119		84 City		F* 1	85 Zip (Code
	ctions 607.0502 and 607.1508, Florida Statutes,	Lo	nawood	<u> </u>		2779
agent. I am familiar with, and ac SIGNATURE	h, in the State of Florida. Such change was authorcept the obligations of, Section 607.0505, Florida	Statutes.				
		istered Agent signature re-		DATE	- DIDECTO	50 0140
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AN		Addition
TITLE DPST	☐ D€LETE	1.1 TITLE			K Change	☐ Addidon
NAME ROYALL, H.J. JR.		1.2 NAME	2949 W. SR 434, Sui	te 400		
STREET ADDREZED RIVERBEND BLVD		1.3 STREET ADDRESS	Longwood, FL 32779			
CITY-ST-ZIP LONGWOOD FL 32779)	1.4 CITY-ST-ZIP				
TITLE	☐ DELETÉ	2.1 TITLE			Change	☐ Addition
NAME		2.2 NAME				1
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	الراب الما المحمد في المسيدة بالراب الما	نسي شارين	<u></u>	ياسا يحجنا
TITLE	☐ D£LETE	3 1 TITLE			☐ Change	Addition
NAME		3.2 NAME	-			
STREET ADDRESS		3.3 STREET ADDRESS				
		3.4. CITY-ST-ZIP				
CITY-ST-ZIP	☐ DELETE	4.1 TITLE			☐ Change	Addition
1	ے مریداد	4. 2 NAME				_
NAME						
STREET ADDRESS		4.3 STREET ADDRESS				'
CITY-ST-ZIP	☐ DELETE	4.4 CITY- ST-ZIP			Change	Addition
TITLE	LI DELETE	5.1 TITLE 5.2 NAME			· Townige	
NAME						
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
NTLE	☐ DELETE	6.1 TITLE			Change	Addition Addition
NAME		6.2 NAME	•.			
OTOFFT ADDRESS		63 STREET ADDRESS				

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 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 and address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP