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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000026647 (3) DOCUMENT #

WORTHY SALES AND MARKETING, INC.

Mailing Address Principal Place of Business 6404 WINDING BROOK DRIVE 6404 WINDING BROOK DRIVE NEW PORT RICHEY FL 34655 **NEW PORT RICHEY FL 34655** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3381463 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUTKÓWSKI, GARY 6404 WINDING BROOK DRIVE Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 11 TITLE TITLE NAME Rutkowski, gary 1.2 NAME 8404 WINDING BROOK DRIVE 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34655** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

CITY-ST-ZIP 14. Thereby 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 of 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chaptied, or op an

6.4 CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

Change

Change

Addition

■ Addition

FILED

May 11 1998 8:00am

Secretary of State