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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026647

1. Corporation Name

WORTH'	y sales and marketing	i, INC.						
Principal Plac 6404 WINDING NEW PORT RIC	VE 55		DO NOT WR			91 0 11 1001 1001		
					 Date Incorporated or Qualifed 03/20/1996 			
2. Principal P			4. FEI Number		ļļi	plied Fcr		
21			59-3381463	_	\$8.75 A	t Applicable		
Suite, Apt #, etc Suite, Apt #, etc 27					5. Certificate of Status Desired		Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	
28 Zip Country Zip			Country		Trust Fund Contribution 8. This corporation owes the cur	ent year Into	Added to	o rees
24	25	r	30		Personal Property Tax.	en year me		□No
	9. Name and Address of Curre				10. Name and Address of New	Registered /	Agent	
RUT	81 Nam	е						
6404	82 Stree	et Address	(P.O. Box Number is Not Accept	able)				
NEW PORT RICHEY FL 34655			83					
			84 City	·		FL	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statute	s the shove-name	ed corpora	tion submits this statement for the	purpose of		registered
office or t	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida Such change was au ations of, Section 607.0505, Flor	uthorized by the cor rida Statutes	rporation's	board of directors. I hereby acce	pt the appoir	itment as rec	gistered
12.	Signature, typed or printed runne of registered ag	ND DIRECTORS	Registered Agem signatur 13.	e tednited wit	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE		7,551110110101010101010101010101010101010		Change	Addition
NAME	RUTKOWSKI, GARY		1.2 NAME					
STREET ADDRESS	GAGA MUNDING DOGGE DOUG		13 STREET ADDRES	SS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY- ST- ZIP					
TITLE		☐ DELETE	2 i TIFLE				☐ Change	noitit bA
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRES	ss				
CITY-ST-ZIP			2 4 CITY+ST+ZIP					
TITLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRES	ss				
CITY-ST-ZIP			34 CITY-ST-ZIP				(=) Ch	C Addition
TITLE		□ DELETE	4 1 THILE				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	SS				
CITY-ST-ZIP		F DCI CT!	4.4 C(TY-ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	5: TITLE 52 NAME				<u> П спанде</u>	(T vocation
NAME			5 3 STREET ADDRES	: 0				
STREET ADDRESS			5 / CITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	61 TITLE	-			Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREET ADDRES	ss				
OTHER MODIFIES	I .			1				

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 with an address, with all other like empowered.

SIGNATURE: