## 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 # P96000075100

1. Corporation Name

JANICE K. WOERTH, INC.

Principal Place of Business									
5260 E	HADDOD VILLAGE DI								

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90081 018 \*\*\*150.00



	•										
Principal Place	e of Business	Mailing Address					( 1981) Mar (in inche ettic paris paris and				
5360 E. HARBOR VILLAGE DR #202 VERO BEACH FL 32967 5360 E. HARBOR VILLAGE DR #202 VERO BEACH FL 32967											
							DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE			
						İ	3. Date incorporated or Qualifed				
	•						09/10/1996				
Principal Place of Business     2a. Mailing Address							4. FEI Number			Applied For	
21	¬ · · — —						43-1246214		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired  \$8.75 Additional				
27							5. Certificate of Control Science		Fee Re	quired	
City & Stat	(0	. City & State		***			~6.≒Election Campaign'Financing * ↑ ┌┐			May Be <sup>™</sup>	
23		28	<del></del>				Trust Fund Contribution		Added t	o Fees	
Zip	p Country Zip			Country 8.			This corporation owes the current year Intangible				
24	25	29	30					Personal Property Tax. Yes No			
	9. Name and Address of Curre	nt Registered Agent		1			10. Name and Address of New Regis	tered Age	nt		
				81	Name						
	ERTH, JANICE K			82	Street A	Addres	s (P.O. Box Number is Not Acceptable)	-			
5360 E. HARBOR VILLAGE DR. #202			į					44,0707			
			ĺ	83							
VER	O BEACH FL 32967			84	City			8	5 Zip C	Code	
				84	City			FL   °	,p ·	}	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the al	ove	-named	corpor	ation submits this statement for the purp	ose of chai	nging its	registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa	s authorized	DV I	tne corpo	ration'	s board of directors. I hereby accept the	appointme	nt as re	gistered	
	in lamilar with, and accept the onlige	200113-01, 20011011-037-20001	. 101100 01010								
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (N	OTE: Registered	Agen	t signature re	quired w	hen reinstating) D.	ATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTO	RS IN 12	
TITLE	PS DELETE			1.1 TITLE			" 1 · V		Change	Addition	
NAME	WOERTH, JANICE K			1.2 NAME WOE			rth, Jance K.	# 2	12		
STREET ADDRESS	4800 N A1A #210			1.3 STREET ADDRESS 53			DE, Herbor Village 2	17, 00	مصي	ļ	
CITY-ST-ZIP	VERO BEACH FL 32963			1.4 CITY-ST-ZIP Ve			o Black . FL 3296	7			
TITLE	V DELETE			2.1 TITLE		V			Change	☐ Addition	
NAME	DETWILER, GERALD		2.2 NA	ME	ţ	Deh	witer, Gerald				
STREET ADDRESS	OCA MUNICIPALITY DANION DD 40000			2.3 STREET ADDRESS 185			The Sance C. Harbor Vellage Dr. #202  TO Black, 7L 32967  Where, Gerald  Hillpointe BL. #1651				
	HENDERSONVILLE NV 89014			2.4 CITY-ST-ZIP Her			derson Neurla 89014			į	
CITY-ST-ZIP TITLE	TIENDERSONVILLE IV 09014	DELETE			,		e July toester a 1017	=	Change	Addition	
	'	, ,	3.2 NA		[			_	-	İ	
NAME	DETWILER, ROY				ADDDESS						
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
CITY-\$T-ZIP	CONCORD CA 94521	□ DELETE			1-ZIP				Change	☐ Addition	
TITLE					ļ		•		J 190		
NAME			4. 2 N/		ļ					I	
STREET ADDRESS					ADDRESS					į	
CITY-ST-ZIP			4.4 CI		r-ZIP			<del></del>	Channa	Addition	
TITLE		DELETE			]				Change	☐ Addition	
NAME			5.2 NA							1	
STREET ADORESS	· .				ADDRESS					ļ	
CITY-ST-ZIP			5.4 CI		r-ZIP						
TITLE									Change	☐ Addition	
· · · · · · · · · · · · · · · · · · ·		☐ DELETE	6.1 TD 6.2 NA					نــا	Change		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP