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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000023400**

1. Corporation Name

NOTEWORTHY, INC.

Principal Place of Business

Mailing Address

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90033 012 ***150.00



11760 NW 5TH STREET PLANTATION FL 33325		11760 NW 5TH STREET PLANTATION FL 33325		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated of 03/14/1997	or Qualifed		
2. Principal Pla	ace of Business	2a. Mailing Address	,		4. FEI Number			Applied For
21 2254 Weston Road 26.		126 2254 W	2254 Weston Road		65-0741258	- 6113		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	:		5. Certifcate of Status	Desired		Additional
27		27			5. Certificate of Status	Desired	Fee	Required
City & State 23 Weston, Fla		28 Wester Fla		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24 333	36 25 Brawaso	29 3332C 3	Country	wo	Personal Property		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Addres	s of New Registered A	gent	
5014	OLL OUT DON		81	Name				
Polish, Sheldon 515 East Las Olas Blvd			82	Street Address (P.O. Box Number is Not Acceptable)				
	E 1500		83					
FORT	LAUDERDALE FL 33301						1001 7	- 0-1-
			84	City		FL	85 Z	p Code
office or re	o the provisions of Sections 607.050: gistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was autl	horized by t	the corpora	ition's board of directors. I he	ereby accept the appoin	itment as	registered
SIGNATURE	Signature, typed or printed name of registered agen		egistered Agen	t signature requ	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent	t signature requ	tired when reinstating) ADDITIONS/CHANG	DATE SES TO OFFICERS ANI	D DIREC	TORS IN 12
SIGNATURE				t signature requ		<u></u>	D DIREC	
SIGNATURE 12.	OFFICERS AN	nt and title if applicable. (NOTE: R	13.	t signature requ		<u></u>		
SIGNATURE 12. TITLE NAME	D WORTZEL, MADELINE	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME			<u></u>		
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN D WORTZEL, MADELINE 3232 HUNTINGTON	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		<u></u>		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D WORTZEL, MADELINE 3232 HUNTINGTON WESTON FL 33332	nt and title if applicable. (NOTE: R ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS		<u></u>		e
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D WORTZEL, MADELINE 3232 HUNTINGTON WESTON FL 33332 D SHULMAN, JOANN	nt and title if applicable. (NOTE: R ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS 1-ZIP		<u></u>	Chang	e Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP