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Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90033 012 \*\*\*150.00

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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  
11760 NW 5TH STREET  
PLANTATION FL 33325

Mailing Address  
11760 NW 5TH STREET  
PLANTATION FL 33325



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
03/14/1997

4. FEI Number  
65-0741258

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 2254 Weston Road  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2254 Weston Road  
Suite, Apt. #, etc.

23 Weston, Fla  
City & State

28 Weston, Fla  
City & State

24 33326 25 Broward  
Zip Country

29 33326 30 Broward  
Zip Country

9. Name and Address of Current Registered Agent

POLISH, SHELDON  
515 EAST LAS OLAS BLVD  
SUITE 1500  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for WORTZEL, MADELINE and SHULMAN, JOANN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: [Signature] 1-11-99 954-385-3033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)