

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000023911**

1. Corporation Name
WORTH PLAZA, INC.

Principal Place of Business
**700 TERN POINT CIRCLE
BOCA RATON FL 33431**

Mailing Address
**700 TERN POINT CIRCLE
BOCA RATON FL 33431**

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90018 029 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

65-0744863

Applied For

Not Applicable

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **21294 GREENWOOD COURT**

Suite, Apt. #, etc.

22

City & State
BOCA RATON, FL

Zip
33433

Country
USA

2a. Mailing Address

26 **21294 GREENWOOD COURT**

Suite, Apt. #, etc.

27

City & State
BOCA RATON, FL

Zip
33433

Country
USA

9. Name and Address of Current Registered Agent

**DICKERSON ALLEN F
700 TERN POINT CIRCLE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

DICKERMAN ALLEN F.

82 Street Address (P.O. Box Number is Not Acceptable)

21294 GREENWOOD COURT

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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 **Allen F. Dickerman** **ALLEN F. DICKERMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-23-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME
DICKERMAN, ALLEN F
STREET ADDRESS
700 TERN POINT CIRCLE
CITY-ST-ZIP
BOCA RATON FL 33431

TITLE **D** ☐ DELETE

NAME
DICKERMAN, SANDRA R
STREET ADDRESS
700 TERN POINT CIRCLE
CITY-ST-ZIP
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
21294 GREENWOOD COURT
1.4 CITY-ST-ZIP
BOCA RATON, FL 33433

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
21294 GREENWOOD COURT
2.4 CITY-ST-ZIP
BOCA RATON, FL 33433

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Allen F. Dickerman **ALLEN F. DICKERMAN** **7/23/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

603-898-2835
561-218-2835

CR2E034 (5/99)

0073837