

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90024 014 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000068224**

1. Corporation Name
WORTHWHILE DEVELOPMENT III, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779 | 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 2949 W. SR 434 <i>Suite, Apt. #, etc.</i> | 26 2949 W. SR 434 <i>Suite, Apt. #, etc.</i> | 59-3464680 | 08/06/1997 |
| 22 SUITE 400 City & State | 27 Suite 400 City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | Applied For Not Applicable |
| 23 Longwood, FL Zip Country | 28 Longwood, FL Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 32779 | 25 Seminole | 29 32779 | 30 Seminole |

| | | | |
|---|--|---|--------------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| ROYALL, H. J. JR 700 RIVERBEND BLVD LONGWOOD FL 32779 | | 81 Name | Royall, H. J., Jr. |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | 2949 W. SR 434 |
| | | 83 | |
| | | 84 City | Suite 400 Longwood FL 32779 |
| | | 85 Zip Code | FL 32779 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROYALL, H. J. JR | 1.2 NAME | |
| STREET ADDRESS | 700 RIVERBEND BLVD | 1.3 STREET ADDRESS | 2949 W. SR 434, Suite 400 |
| CITY-ST-ZIP | LONGWOOD FL 32779 | 1.4 CITY-ST-ZIP | Longwood, FL 32779 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with another like empowered.

SIGNATURE: _____ DATE: 1/27/99 DAYTIME PHONE #: (407) 774-0803

CR2E034 (11/98)