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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000093343 (6)

FRED WORROLL, INC.

Mailing Address

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Place of Business 6006 SW 18TH ST., STE, B-7 6006 SW 18TH ST., STE, B-7 **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0114823 21 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes ГΊΝο 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WORROLL, FREDERICK 6006 SW 18TH ST., STE. B-7 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433 B3** 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 11 TIME WORROLL, FREDERICK NAME 1.2 NAME 6006 SW 18TH ST., STE, B-7 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 31 1ffLE ☐ Change 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-2IP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 attrichment ari address.

SIGNATURE:

3/11/20