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Secretary of State

03-01-1999 90009 022 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000005132 1. Corporation Name WORTHWHILE DEVELOPMENT IV, INC.					
Principal Place of Business 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779			Mailing Address 2949 W. STATE ROAD 434 SUITE 400 LONGWOOD FL 32779		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2949 W. SR 434 Suite, Apt. #, etc. 22 Suite 400 City & State 23 Longwood, FL Zip 24 32779			2a. Mailing Address 26 2949 W. SR 434 Suite, Apt. #, etc. 27 Suite 400 City & State 28 Longwood, FL Zip 29 32779		
3. Date Incorporated or Qualified 01/16/1998			4. FEI Number 59-3523190		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ROYALL, H J JR 700 RIVERBEND BLVD LONGWOOD FL 32779			10. Name and Address of New Registered Agent 81 Name ROYALL, H. J. JR. 82 Street Address (P.O. Box Number is Not Acceptable) 2949 W. SR 434 83 Suite 400 84 City Longwood 85 Zip Code 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
PSTD ROYALL, H J JR 700 RIVERBEND BLVD LONGWOOD FL 32779			2949 W. SR 434, Suite 400 Longwood, FL 32779		
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 or without like empowered.			15. SIGNATURE: _____ DATE: 1/27/99 DAYTIME PHONE: (407) 274-0303		

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