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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800005134

1. Corporation Name

WORTHWHILE DEVELOPMENT VI, INC.

Principal Place	of Business	Mailing Address	<u></u>	7 1001(00) 110 12:01 10111 20111 20111	.,	
2949 W. STATE SUITE 400	ROAD 434	2949 W. STATE ROAD 434 SUITE 400				
LONGWOOD FL 32779  LONGWOOD FL 32779			DO NOT WRITE IN TH	IN THIS SPACE		
	-			3. Date Incorporated or Qualifed		
				01/16/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Appli	ied For
21	2949 W. SR 434	26 2040 til CD	12.4	59_3523182	Not A	Applicable
Suite, Apt.		26  2949 W SR /   Suite, Apt. #, etc.	134		\$8.75 Ad	ditional
22	Suite 400	27 Suite 400		5. Certificate of Status Desired	Fee Requ	uired
City & State		City & State		-6. Election Campaign Financing	<b>\$5:00</b> -м	lay Be
23	Longwood, FL	28 Longwood, FI		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I		
24 32779	25 Seminole	29 32779 3	O Seminole	Personal Property Tax.		□No
Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent	
nov	ALL LID		81 Name			
ROYALL, H J JR			82 Street Add	Ovall H. J. Jr dress (P.O. Box Number is Not Acceptable)		
700 RIVERBEND BLVD			2	949 W. SR 434		
LONGWOOD FL 32779			83	a 1, 400		
			84 City	Suite 400	. 85 Zip Co	de
1				Longwood	L   52770	
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	Signature, typed or printed name of registered agent	and title if anniholds /MOTE Pr	egistered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	ROYALL, H J JR		1.2 NAME			
STREET ADDRESS	700 RIVERBEND BLVD		1.3 STREET ADDRESS	2949 W. SR 434, Suite 4	00	ļ
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	Longwood, FL 32779		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Let a Company to the second	- 🖸 Change-	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		•	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP			
TITLE		☐ OELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			ı
OTREET ADDRESS			5.3 STREET ADDRESS			

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 one an attachment with an anti-sess, with all effect like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETÉ

1/27/99 Date

(402) 27 4-0303

☐ Change

Addition