

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S52864 (3)

1. Corporation Name  
WORTHINGTON CAPITAL GROUP, INC.



Principal Place of Business Mailing Address  
4651 SALISBURY ROAD, SUITE 295 4651 SALISBURY ROAD, SUITE 295  
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-6187

3. Date Incorporated or Qualified 05/14/1991 3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address  
21 520 Stewart Ave. 26 Same as (2)

4. FEI Number 59-3076235 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Garden City, NY 28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 11530- Country 29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

25 Nassau 30

10. Name and Address of New Registered Agent

LEPRELL, SAMUEL L  
901 BLACKSTONE BLDG 233 E BAY ST  
JACKSONVILLE FL 32207

81 Name C T Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road  
83  
84 City Plantation FL 85 Zip Code 33324

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 607.011, Florida Statutes.

SIGNATURE *Jonathan P. George* Assistant Secretary 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Frank A. Norris, Jr.
STREET ADDRESS		1.3 STREET ADDRESS	520 Stewart Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Garden City, NY 11530-9405
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Michael R. Marcus
STREET ADDRESS		2.3 STREET ADDRESS	520 Stewart Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Garden City, NY 11530-9405
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 do 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: *Sandra B. Mortham* 04/28/97 15161873-2500

CR2E034 (9/96)