

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90072 034 \*\*\*150.00

**DOCUMENT # S71602**

1. Corporation Name  
**WORDS, WORDS, WORDS, INC.**

Principal Place of Business  
5341 W. ATLANTIC AVENUE  
SUITE 306-A  
DELRAY BEACH FL 33484  
US

Mailing Address  
5341 W. ATLANTIC AVENUE  
SUITE 306-A  
DELRAY BEACH FL 33484  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/05/1991**

4. FEI Number  
**65-0280521**

Applied For  
☐ Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **3225 NW 60<sup>th</sup> ST.**

2a. Mailing Address  
26 **3225 NW 60<sup>th</sup> ST.**

22 Suite, Apt. #, etc.  
23 **BOCA RATON FL**

27 Suite, Apt. #, etc.  
28 **BOCA RATON FL**

24 Zip **33496** 25 Country **US**

29 Zip **33496** 30 Country **US**

9. Name and Address of Current Registered Agent

MEGANCK, ANNE  
5341 W. ATLANTIC AVENUE  
SUITE 306-A  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name **MEGANCK, ANNE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3225 NW 60<sup>th</sup> ST.**  
83  
84 City **BOCA RATON FL** 85 Zip Code **33496**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	MEGANCK, GLENN E	3225 NW 60TH STREET	BOCA RATON FL 33496	
V	MEGANCK, ANNE	3225 NW 60TH STREET	BOCA RATON FL 33496	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

561-988-8829

Daytime Phone #

CR2E034 (1/198)