

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 242513

1. Corporation Name
Palm Worth, Inc.

Principal Place of Business Mailing Address
2850 South County Rd Palm Beach, FL 33400 **2850 South County Road Palm Beach, FL 33480**

3. Date Incorporated or Qualified **12/01/1960** 3a. Date of Last Report **04/11/95**
4. FEI Number **59-1005463**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt. #, etc 26 Suite Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**Associated Property Management
400 South Dixie Highway, #10
Lake Worth, Florida 33460**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JOHN MATH** DATE **3/6/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	OD	<input type="checkbox"/> DELETE
NAME	Case, Buddy	
STREET ADDRESS	2850 South Ocean Blvd, #312	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	King, William	
STREET ADDRESS	2850 South Ocean Blvd, #502	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	Kochl, Warren Dr.	
STREET ADDRESS	2850 South Ocean Boulevard #407	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Sullivan, Diana	
STREET ADDRESS	2850 S Ocean Blvd #212	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Pfeiffer, Charles	
STREET ADDRESS	2850 S. Ocean Blvd	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Heimlich, Richard A.	
STREET ADDRESS	2850 South Ocean Blvd	
CITY-ST-ZIP	Palm Beach, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William P. King** Secretary **March 8, 1996** **407-585-5157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WILLIAM P. KING

CR2E037 (12/95)