

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
1. Corporation Name
242513
Palm Worth, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21. **2850 S. Ocean Blvd** 2a. **Assoc. Prop. Mgmt**

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
400 S. Dixie Hwy, #10

23. City & State 28. City & State
Palm Beach, FL **Lake Worth, FL**

24. Zip 25. Country 29. Zip 30. Country
33480 **USA** **33460** **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/01/1960 **04/04/96**

4. FEI Number Applied For
59-1005463 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 has liability for intangible tax under s. 199.032, Florida Statutes **3.10** Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

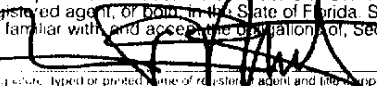
81. Name
Associated Property Mgmt

82. Street Address (P.O. Box Number is Not Acceptable)
400 South Dixie Hwy, #10

83. City

84. City **Lake Worth** FL 85. Zip Code **33460**

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 jurisdiction of, Section 617.0503, Florida Statutes.

SIGNATURE:  **John R. Muth, Agent** 4/7/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

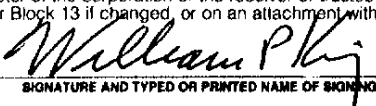
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASE, BUDDY	
STREET ADDRESS	2850 S. OCEAN BLVD, #312	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, WILLIAM	
STREET ADDRESS	2850 S. OCEAN BLVD, #502	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOEHL, WARREN DR.	
STREET ADDRESS	2850 S. OCEAN BLVD, #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., #414	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEFRANCESCO, MARY	
1.3 STREET ADDRESS	2850 S. OCEAN BLVD, #103	
1.4 CITY-ST-ZIP	PALM BEACH, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCKINNEY, JOHN	
2.3 STREET ADDRESS	2850 S. OCEAN BLVD, #204	
2.4 CITY-ST-ZIP	PALMBEACH, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KRANENBERG, DON	
3.3 STREET ADDRESS	2850 S. OCEAN BLVD, #214	
3.4 CITY-ST-ZIP	PALM BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HEIMLICH, RICHARD	
5.3 STREET ADDRESS	2850 S. OCEAN BLVD, #305	
5.4 CITY-ST-ZIP	PALM BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****61.25**

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 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** April 9, 1997 (561)585-5197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)