

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 # 770263 (2)

1. Corporation Name

WORTH PROFESSIONAL PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3046 S. CONGRESS AVE
LAKE WORTH FL 33461

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LAKE WORTH FL 33461

3. Date Incorporated or Qualified
09/15/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0122657

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ANGIO, ROBERT A., JR.
218 DATURA ST.
BOX 3746
WEST PALM BEACH FL 33402

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME WEINER, ERIC M
STREET ADDRESS 3199 LAKE WORTH RD
CITY-ST-ZIP LAKE WORTH FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VSD DELETE
NAME UNDERWOOD, JOHN
STREET ADDRESS 12269 OLD COUNTRY ROAD
CITY-ST-ZIP WEST PALM BEACH FL

21 TITLE YD Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE V DELETE
NAME BARRAMEDA, JESUS
STREET ADDRESS 141 ALCAZAR ST.
CITY-ST-ZIP ROYAL PALM BEACH FL

31 TITLE T Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD DELETE
NAME O'BRIEN, ROBERT
STREET ADDRESS 4620 LEE HWY, STE 202
CITY-ST-ZIP ARLINGTON VA

41 TITLE SD Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. O'BRIEN

January 23, 1996 703/527-0760
Date Date-time Phone #

CP2E037 (12/95)