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Feb 04 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 # 770263 (2)
1. Corporation Name
WORTH PROFESSIONAL PARK ASSOCIATION, INC.



Principal Place of Business: 3046 S. CONGRESS AVE LAKE WORTH FL 33461
Mailing Address: 3046 S. CONGRESS AVE LAKE WORTH FL 33461-2132

3. Date Incorporated or Qualified: 09/15/1983
3a. Date of Last Report: 01/29/1996
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29, 30

9. Name and Address of Current Registered Agent
D'ANGIO, ROBERT A., JR.
218 DATURA ST.
BOX 3748
WEST PALM BEACH FL 33402

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WEINER, ERIC M | |
| STREET ADDRESS | 3199 LAKE WORTH RD | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | UNDERWOOD, JOHN | |
| STREET ADDRESS | 12269 OLD COUNTRY ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BARRAMEDA, JESUS | |
| STREET ADDRESS | 141 ALCAZAR ST. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | O'BRIEN, ROBERT | |
| STREET ADDRESS | 4620 LEE HWY, STE 202 | |
| CITY-ST-ZIP | ARLINGTON VA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VD ANTHONY PISANI |
| 2.3 STREET ADDRESS | 3199 LAKE WORTH ROAD |
| 2.4 CITY-ST-ZIP | LAKE WORTH FL |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 617, Florida Statutes; and that by name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/23/97 DAYTIME PHONE: 964 3440

CR2E037 (9/96)