


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 029 ****61.25

DOCUMENT # 811656			
1. Entity Name 455 WORTH AVENUE CORP			
Principal Place of Business 455 WORTH AVE. PALM BEACH FL 33480		Mailing Address 455 WORTH AVE. PALM BEACH FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14006272



MOORE CR2E037 (11/03)

4. FEI Number 59-0897269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARTEL, EDWARD J. 455 WORTH AVE. PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name: <u>CAROLYN P. ROBINSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>455 WORTH AVENUE</u> City: <u>Palm Beach</u> FL Zip Code: <u>33480</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolyn P. Robinson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D FRITZ, ROSEMARY STREET ADDRESS 455 WORTH AVE. CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME S WILLIAM HODGINS STREET ADDRESS 455 WORTH AVENUE CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VD KREUSLER, JANE STREET ADDRESS 455 WORTH AVE. CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME VP HENRY SAGE STREET ADDRESS 455 WORTH AVE CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME PD FINK, LAWRENCE A STREET ADDRESS 455 WORTH AVENUE CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME P CHARLES A. KIBORT JR. STREET ADDRESS 455 WORTH AVENUE CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD PATCH, NATHAN G STREET ADDRESS 455 WORTH AVENUE CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD WALLACH, FREDERICK E STREET ADDRESS 455 WORTH AVE. CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME AS HARTEL, EDWARD J. STREET ADDRESS 455 WORTH AVE CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Kibort Jr. 4.20.04 561-655-8013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #