


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90165 013 ****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
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0897269**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
#1278-413.03

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FRITZ, ROSEMARY	
STREET ADDRESS 455 WORTH AVE.	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE VD	<input type="checkbox"/> Delete
NAME KREUSLER, JANE	
STREET ADDRESS 455 WORTH AVE.	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE PD	<input type="checkbox"/> Delete
NAME FINK, LAWRENCE A	
STREET ADDRESS 455 WORTH AVENUE	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE SD	<input type="checkbox"/> Delete
NAME PATCH, NATHAN G	
STREET ADDRESS 455 WORTH AVENUE	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE TD	<input type="checkbox"/> Delete
NAME WALLACH, FREDERICK E	
STREET ADDRESS 455 WORTH AVE.	
CITY-ST-ZIP PALM BEACH FL 33480	
TITLE AS	<input type="checkbox"/> Delete
NAME HARTEL, EDWARD J.	
STREET ADDRESS 455 WORTH AVE	
CITY-ST-ZIP PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HODGINS, William	
STREET ADDRESS 455 Worth Avenue	
CITY-ST-ZIP Palm Beach, Fl. 33480	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KIBORT, Charles	
STREET ADDRESS 455 Worth Avenue	
CITY-ST-ZIP Palm Beach, Fl. 33480	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Edward J. Hartel* **Edward J. Hartel** *4-28-03* *561-655-7430*

CR2E037 (1/0/02)