

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F61699**

(7)

1. Corporation Name

WENTWORTH PROPERTIES INC.

Principal Place of Business

251 ROYAL PALM WAY, SIXTH FLOOR
% MENDOZA, CALLAS & SCHILLING, POB 2715
PALM BCH FL 33480

Mailing Address

251 ROYAL PALM WAY, SIXTH FLOOR
% MENDOZA, CALLAS & SCHILLING, POB 2715
PALM BCH FL 33480



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

3. Date Incorporated or Qualified 01/15/1982	3a. Date of Last Report 03/03/1995
4. FEI Number 98-0076112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480-1310**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.02(2) and 607.17(2), Florida Statutes, the above named corporation assents 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(2), Florida Statutes.

SIGNATURE

Signature of the person making this statement

Signature of the person making this statement

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DARTNALL, JEFFREY	
STREET ADDRESS	251 ROYAL PALM WY 6TH FL	
CITY-STATE-ZIP	PALM BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DARTNALL, JEFFREY	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-STATE-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and complete, for the exemption stated in Section 119.07(2)(a), Florida Statutes. Further, I certify that the information indicated on this annual report is complete, 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, and that the provisions of this statute apply to me as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with or without.

SIGNATURE: (x)
 Jeffrey Dartnall, President

(x) March 8 1996 407/659-1111

CR2E034 (12/95)