

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

**APPROVED  
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**95 MAR -3 PM 3: 05**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J23194 (0)**

**1. Corporation Name  
239 WORTH AVENUE CORP.**

**Principal Place of Business Mailing Address  
329 WORTH AVE 329 WORTH AVE  
PALM BEACH FL 33480 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 07/09/1986  
3a. Date of Last Report 04/25/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1428253		Not Applicable	
<b>22. City &amp; State</b>		<b>27. City &amp; State</b>		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
WOODFIELD, GARY 250 ROYAL PALM WAY PALM BEACH FL 33480				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LAZOW, HAROLD</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>329 WORTH AVE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>PALM BEACH FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LAZOW, MARTHA</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>329 WORTH AVE</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>PALM BEACH FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>LAZOW, JOSEPH PAUL</b>	<b>3.2 NAME</b>	V.P.
<b>STREET ADDRESS</b>	<b>329 WORTH AVE</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>PALM BEACH FL</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.**

**SIGNATURE:** *Harold Lazow* **1/25/95 (407) 613-2277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HAROLD LAZOW**