

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 11 1996 8:00 am**  
Secretary of State

**DOCUMENT # J23194 (0)**

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



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

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/09/1986**      **03/03/1995**  
4. FEI Number      Applied For  
**59-1428253**      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

**9. Name and Address of Current Registered Agent**

**WOODFIELD, GARY  
250 ROYAL PALM WAY  
PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

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

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 607.0505, Florida Statutes.

SIGNATURE      Signature typed or printed name of registered agent and New Applicant      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

**PD LAZOW, HAROLD**  
**329 WORTH AVE**  
**PALM BEACH FL**

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

**SD LAZOW, MARTHA**  
**329 WORTH AVE**  
**PALM BEACH FL**

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

**VP LAZOW, JOSEPH PAUL**  
**329 WORTH AVE**  
**PALM BEACH FL**

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change       Addition

11 TITLE      12 NAME      13 STREET ADDRESS      14 CITY - ST - ZIP

Change       Addition

21 TITLE      22 NAME      23 STREET ADDRESS      24 CITY - ST - ZIP

Change       Addition

31 TITLE      32 NAME      33 STREET ADDRESS      34 CITY - ST - ZIP

Change       Addition

41 TITLE      42 NAME      43 STREET ADDRESS      44 CITY - ST - ZIP

Change       Addition

51 TITLE      52 NAME      53 STREET ADDRESS      54 CITY - ST - ZIP

Change       Addition

61 TITLE      62 NAME      63 STREET ADDRESS      64 CITY - ST - ZIP

Change       Addition

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 address.

SIGNATURE: *Martina Lazow Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96  
Date

Daytime Phone #

CR2E034 (12/95)