

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: **329 WORTH AVE PALM BEACH FL 33480**
Mailing Address: **329 WORTH AVE PALM BEACH FL 33480**

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

3. Date Incorporated or Qualified: **07/09/1986**
3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-1428253**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **PD** [] DELETE
NAME: **LAZOW, HAROLD**
STREET ADDRESS: **329 WORTH AVE**
CITY-ST-ZIP: **PALM BEACH FL**

TITLE: **SD** [] DELETE
NAME: **LAZOW, MARTHA**
STREET ADDRESS: **329 WORTH AVE**
CITY-ST-ZIP: **PALM BEACH FL**

TITLE: **VP** [] DELETE
NAME: **LAZOW, JOSEPH PAUL**
STREET ADDRESS: **329 WORTH AVE**
CITY-ST-ZIP: **PALM BEACH FL**

[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)