

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

DOCUMENT # P92000011495 (8)

1. Corporation Name
4236 LAKE WORTH CORP.



Principal Place of Business: 1645 PALM BEACH LAKES BLVD. STE 400 WEST PALM BEACH FL 33401 US
Mailing Address: 1645 PALM BEACH LAKES BLVD. STE 400 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 4236 Lake Worth Road
2a. Mailing Address: 1799 7th Avenue North
21. Suite, Apt. #, etc.:
22. City & State: Lake Worth, FL
23. Zip: 33461 Country: USA
24. City & State: Lake Worth, FL
25. Zip: 33461 Country: USA
26. Suite, Apt. #, etc.:
27. City & State: Lake Worth, FL
28. Zip: 33461 Country: USA
29. City & State: Lake Worth, FL
30. Zip: 33461 Country: USA

4. FEI Number: 65-0388766
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

8. Name and Address of Current Registered Agent
GERSON, GARY N
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	METZ, JOHN C	1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL		<input type="checkbox"/>
D	MCDONALD, ROBERT	1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL		<input type="checkbox"/>
D	SQUIRES, RICHARD	9123 VALLEY CHAPEL DALLAS TX 75220		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3		8008 S. Flagler Court WPB FL 33405		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3		2701 S. Flagler Drive West Palm Beach, FL 33405		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3		4229 Cochran Chapel Rd. Dallas, TX 75209		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

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 omitted attachment with an address.

SIGNATURE: _____ DATE: 5/3/96

CR2E034 (12/95)