

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0388766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Issued <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
7. This corporation has liability for multiple tax under S. 194.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21. State, Apt. # or P.O. Box	25. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	30. County

9. 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. City
84. Zip Code

11. This report is the preparation of Sections 607.0602 and 607.1509, 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 licensed and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
NAME	D METZ, JOHN C 1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME	D MCDONALD, ROBERT 1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
NAME	D SQUIRES, RICHARD 9123 VALLEY CHAPEL DALLAS TX 75220	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information required with this form is voluntarily furnished and true, and comply with the description stated in the laws of the State of Florida. I further certify that the information is correct and true to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. I am eligible to be elected to the next term of the corporation and I am not a director, officer, or shareholder of the corporation. I understand the consequences of my actions and I am not a director, officer, or shareholder of the corporation.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407-478-0080