

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

2a. Mailing Address

21 4236 Lake Worth Road

26 1799 7th Avenue North

4. FEI Number  
65-0388766

Applied For  
Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Lake Worth, FL

28 Lake Worth, FL

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 Zip

Country

29 Zip

Country

33461

USA

33461

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33401

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME METZ, JOHN C  
STREET ADDRESS 1645 PALM BCH LAKES BLVD STE 400  
CITY-ST-ZIP WEST PALM BEACH FL

1.2 NAME

8008 S. Flagler Court  
WPB FL 33405

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME MCDONALD, ROBERT  
STREET ADDRESS 1645 PALM BCH LAKES BLVD STE 400  
CITY-ST-ZIP WEST PALM BEACH FL

2.2 NAME

2701 S. Flagler Drive  
West Palm Beach, FL 33405

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME SQUIRES, RICHARD  
STREET ADDRESS 9123 VALLEY CHAPEL  
CITY-ST-ZIP DALLAS TX 75220

3.2 NAME

4229 Cochran Chapel Rd.  
Dallas, TX 75209

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 this attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/96

Date

Daytime Phone #

CR2E034 (12/95)