

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: 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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, JOHN C	1.2 NAME	
STREET ADDRESS	1645 PALM BCH LAKES BLVD STE 400	1.3 STREET ADDRESS	8008 S. Flagler Court
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WPB FL 33405
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ROBERT	2.2 NAME	
STREET ADDRESS	1645 PALM BCH LAKES BLVD STE 400	2.3 STREET ADDRESS	2701 S. Flagler Drive
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, RICHARD	3.2 NAME	
STREET ADDRESS	9123 VALLEY CHAPEL	3.3 STREET ADDRESS	4229 Cochran Chapel Rd.
CITY-ST-ZIP	DALLAS TX 75220	3.4 CITY-ST-ZIP	Dallas, TX 75209
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 omitted 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)