## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**455 WORTH AVENUE CORP** 

Principal Place of Business

Mailing Address

## **FILED** Jan 29 1997 8:00am Secretary of State

|--|

455 WORTH AVE. PALM BEACH FL 33480		455 WORTH AVE. PALM BEACH FL 33480-4554						
						3. Date incorporated or Qualified 02/22/1957	3a. Date of Last R 05/19/19:	eport 96
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied F		oplied For
21		26				F0-0007260		ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Cour			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29				Florida Statutes Yes No		
<del></del> -	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	lstered Agent	
				81	Name			İ
•	, EDWARD J.		82 Street Add		dress (P.O. Box Number is Not Acceptable	6)		
	RTH AVE.							
PALM B	EACH FL 33480			83				
				84	City	<del></del>	FL 85 Zip	Code
11 Purcuent	to the provisions of Sections 617 05/	12 and 617 1508 Flor	ida Statutee, the	abovo	-named co	orporation submits this statement for the p		e registered
office or I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such cha	nge was authori	ized by	the corpor	ration's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	and describe the descriptions of the	, 200, 000, 000, 000, 000, 000, 000, 00		,				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regist	ered Ager	nt signature rec	quired when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D		DELETE 1.	1 TITLE	l		☐ Change	Addition
NAME	ETTLINGER, CLAUDIA		13	2 NAME				
STREET ADDRESS	455 WORTH AVE.		1.3	3 STREET	ADDRESS			li li
CITY-ST-ZIP	PALM BEACH FL 33480			4 CITY - ST	r-ZIP			
TITLE	S/D		DELETE 2.	1 TITLE			☐ Change	☐ Addition
NAME	KREUSLER, JANE		2.5	2 NAME				
STREET ADDRESS	455 WORTH AVE.		2.3	3 STREET	ADDRESS			1
CITY-ST-ZIP	PALM BEACH FL 33480			4 CITY - S	T-ZIP	·	····	
TITLE	T/D		DELETË 3.	1 TITLE	- 1		☐ Change	■ Addition
NAME	SAGE, HENRY W. JR.		3.3	2 NAME				
STREET ADDRESS	455 WORTH AVE.		3;	3 STREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			4. CITY - S	T-ZIP			
TITLE	P/D	<u> </u>   l		1 TITLE	- 1		☐ Change	Addition
NAME	MORIARTY, TRUDY			2 NAME				
STREET ADDRESS	455 WORTH AVE.			3 STREET				
CITY-ST-ZIP	PALM BEACH FL 33480			4 CITY - ST	T- ZIP			
TITLE	VP/D	ال ا		1 TITLE			☐ Change	☐ Addition
NAME	WRIGHT, BEN			2 NAME				
STREET ADDRESS	455 WORTH AVE.			3 STREET				
CITY-ST-ZIP	PALM BEACH FL 33480			4 CITY- ST	r - ZIP			
TITLE	AS	ال		1 TITLE	.		Change	Addition
NAME	HARTEL, EDWARD J.			2 NAME				
STREET ADDRESS	455 WORTH AVE			3 STREET A				-
CITY-ST-ZIP	PLAM BEACH FL 33480	where the filter was	6.	4 CITY - ST		ed in Continue 140 07/9/// Finside Continue	16.00	

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.