


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 811656 (8) 1. Corporation Name 455 WORTH AVENUE CORP					
Principal Place of Business 455 WORTH AVE. PALM BEACH FL 33480			Mailing Address 455 WORTH AVE. PALM BEACH FL 33480		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/22/1957 4. FEI Number 59-0897269 Applied For Not Applicable	
5. Certificate of Status Desired <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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent HARTEL, EDWARD J. 455 WORTH AVE. PALM BEACH FL 33480			
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	ETTLINGER, CLAUDIA				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	S/D <input type="checkbox"/> DELETE				
NAME	KREUSLER, JANE				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	T/D <input type="checkbox"/> DELETE				
NAME	SAGE, HENRY W. JR.				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	P/D <input type="checkbox"/> DELETE				
NAME	MORIARTY, TRUDY				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	VP/D <input type="checkbox"/> DELETE				
NAME	WRIGHT, BEN				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	HARTEL, EDWARD J.				
STREET ADDRESS	455 WORTH AVE.				
CITY-ST-ZIP	PALM BEACH FL 33480				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Jan. 22 1998 581-655-7230

CR2E037 (10/97)