

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 # **F18812** (0)

1. Corporation Name

LAKE WORTH INVESTMENT CORPORATION



Principal Place of Business

**303 LAKE AVENUE
LAKE WORTH FL 33460
US**

Mailing Address

**303 LAKE AVENUE
LAKE WORTH FL 33460
US**

2. Principal Place of Business

2a. Mailing Address

21 **7894 MANOR FOREST**

26 **PO BOX 6987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **BOYNTON BEACH, FL**

28 **LAKE WORTH, FL**

Zip

Country

Zip

Country

24 **33460**

25 **USA**

29 **33460**

30 **USA**

9. Name and Address of Current Registered Agent

**MARKE, JOHN E
508 LUCERNE AVENUE
LAKE WORTH FL 33460**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or current agent

Signature typed or printed name of registered agent or current agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
ANTILA, TAPIO
1501 MEDITERRANEAN ROAD
W PALM BEACH, FL 33406**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Add on

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**7894 MANOR FOREST BLVD
BOYNTON BEACH, FL 33460**

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/96 407-642-9194
Date Daytime Phone #

CR2E034 (12/95)