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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	06			· · · · · · · · · · · · · · · · · · ·
DOCUMENT. Corporation Name		11 (1)	
	Ctric of lake wo	ORTH, INC.		
Principal Place of Bus	siness	Mailing Address		· · · · · · · · · · · · · · · · · · ·
% JAMES A. VANDER WOUDE 430 NORTH "G" STREET LAKE WORTH FL 33480			ANDER WOUDE	
		430 NORTH "C LAKE WORTH		
				3. Date incorporated or Qualified 3a. Date of Last Report 12/31/1981 04/14/1995
Principal Place of E	Business	2a. Mailing Addr	ess	4. FET Number Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #	. etc	59-2401729 Not Applicable \$8.75 Additional
Sole, Apr. #, etc.		27		5. Certificate of Status Desired L1 Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
]	25 Name and Address of Cur	29	30	Florida Statutes **E
9. r	Name and Address of Cui	rent Registered Agent	81 Na	
VANDER WOL	JDE, JAMES A.		82 Str	eet Address (P.O. Box Number is Not Acceptable)
430 NORTH "G" STREET LAKE WORTH FL 33460			83	
			84 Cit	`
Pursuant to the corrected age	provisions of Sections 607.0	502 and 607,1508, Florid	a Statutes, the above name	id corporation sofimits this statement for the purpose of changing its registered offici on's board of directors. Thereby accept the appointment as registered agent. I am
familiar with, and	accept the obligations of, S	Section 607.0505, Florida	Statutes.	3
IGNATURESignature	e, typed or printed name of registered a	gent and tile it applicable	(NOTE: Registered Age Ls.) is	dura respect when rendshippy DATE
2.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE PS	id Inder Woude, James	DEL	ETE 1 1 TITLE 12 NAME	Crownite.
	O NORTH G ST	74	1.3 STREET ADDR	ESS
	KE WORTH, FL 00000		1.4 CHY- ST- ZIP	Charge Addition
itle VD ame NU	J JGENT, KATHY	☐ DEL	2 1 TIT _L E 2.2 NAME	
	O NORTH "G" ST		2.3 STREET ADDR	FSS
	KE WORTH FL	T DEI	2 4 CITY - ST - ZIP ETE 3 1 TITLE	Change [] Addition
TLF AME			3 2 NAME	
TREFT ADDRESS			3.3 STREET ADDR	RESS
TY-ST-ZIP		□ DEI	3 4 CITY - ST - ZIP	Change Addition
TLE			4.1 TITLE 4.2 NAME	
TREET ADDRESS			4.3 STREET ADDR	RESS
ITY-SI-ZIP	·····	□ DEI	44 CITY - ST - ZIP ETE 5 1 THILE	Change Addition
ITLE AME		[] DEC	5 1 IIILE 52 NAME	C Groups C Addition
THEFT ADDRESS			5.3 STREET ADDR	RESS
TY-ST-ZIP			5 4 CITY - ST - ZIP	
TLF		_ DE		☐ Change ☐ Addition
AME			6 2 NAME	itee
TREET ADDRESS			6.3 STREET ADOF 6.4 CITY - STI-ZIP	
ITY-ST-ZIP 4. I do hereby certif	fy that the information suppl	ied with this filing is volun	torily furnished and done no	t qualify for too exemption stated in Section 119.07(3)(k). Florida Statutes. I further
certify that the in oath: that I am a	nformation indicated on this an officer or director of the c < 12 or Block 13 if chapged,	annual report or supplem orporation or the receiver	ental annual report is true an or trustee empowered to ex	nd accurate and that my signature shall have the same legal effect as if made under secute this report as required by Chapter 607, Florida Statutes, and that my name
appears in Block	12 OF BIOCK 13 IT CPROPUSED,	or or arrayacement with	i ai i godicas.	
	E: 1/2 U	90 110 1 /		1/17/96 (407)588-3854