


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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| PROFIT CORPORATION ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J62060 (5) 1. Corporation Name LAKE WORTH CORP. | | | |
| Principal Place of Business PO BOX 5208 FT LAUDERDALE FL 33310 US | | Mailing Address PO BOX 5208 FT LAUDERDALE FL 33310 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 3. Date Incorporated or Qualified 03/06/1987 | | 3a. Date of Last Report 04/21/1995 | |
| 4. FEI Number 59-2826449 | | Applied For <input type="checkbox"/> 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 | |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301 | | 10. Name and Address of New Registered Agent 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 607.0502 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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD GUTHRIE, WILLIAM 1663 N ATLANTIC BLVD FT LAUDERDALE FL | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY-ST-ZIP | | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY-ST-ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-ST-ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-ST-ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-ST-ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | |
| SIGNATURE: _____ 4/11/96 (954) 938-3770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (3/96)