

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:15

DOCUMENT # K49639 (3)

1. Corporation Name

CHARLES C. CHILLINGWORTH P. A.

Principal Place of Business

% CHARLES C. CHILLINGWORTH
2090 PALM BEACH LAKES BLVD #800
W PALM BACH FL 33409

Mailing Address

% CHARLES C. CHILLINGWORTH
2090 PALM BEACH LAKES BLVD #800
W PALM BACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0093549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

24

Zip

Country

28. City & State

29

Zip

Country

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C.
2090 PALM BEACH LAKES BLVD.
SUITE 800
W PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	CHILLINGWORTH, CHARLES C
STREET ADDRESS	2090 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BCH FL
TITLE	S
NAME	FEKETE, HELEN K.
STREET ADDRESS	2090 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BCH FL
TITLE	AS
NAME	BISHOP, CAROL M.
STREET ADDRESS	2090 PALM BCH LKS BLVD
CITY - ST - ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. D	<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	V.P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEANNE D. CONWAY	
4.3 STREET ADDRESS	2090 PALM BEACH LAKES BLVD, #800	
4.4 CITY - ST - ZIP	W PALM BEACH, FL 33487	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KIM T. HARMON	
5.3 STREET ADDRESS	2090 PALM BEACH LAKES BLVD, #800	
5.4 CITY - ST - ZIP	W. PALM BEACH, FL 33487	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

REMITTED BY MAY 1

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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, if any, on address.

SIGNATURE:

Charles C. Chillingworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

407/640-6000