

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K49639 (3)**

1. Corporation Name  
**CHARLES C. CHILLINGWORTH P. A.**



Principal Place of Business: **2090 PALM BEACH LAKES BLVD. SUITE 800 W PALM BACH FL 33409**

Mailing Address: **2090 PALM BEACH LAKES BLVD. SUITE 800 W PALM BACH FL 33409-8508**

3. Date Incorporated or Qualified: **12/01/1988**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **65-0093549**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, Zip, and Country.

9. Name and Address of Current Registered Agent: **CHILLINGWORTH, CHARLES C. 2090 PALM BEACH LAKES BLVD. SUITE 800 W PALM BEACH FL FL 33409**

10. Name and Address of New Registered Agent (81-85) fields.

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILLINGWORTH, CHARLES C	1.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BACH FL 33409	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEKETE, HELEN K.	2.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BACH FL 33409	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNE O. CONWAY	3.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BACH FL 33409	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM T. HARMON	4.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD, SUITE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BACH FL 33409	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address.

SIGNATURE: *[Signature]* **REQUIRED** **4/25/97** **561/640-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)