


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90007 040 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36447**

1. Corporation Name  
**LAKE WORTH COLUMBIAN ASSOCIATION, INC.**

Principal Place of Business DESOTO, NICHOLAS 07-D ATRIVIUM CIRCLE ATLANTIS FL 33462 US	Mailing Address P.O. BOX 1423 LAKE WORTH FL 33460 US
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2. Principal Place of Business 21 <b>FRITZ Jerry</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/02/1990</b>
22 <b>2269 26th AVE North</b> City & State	27 City & State	4. FEI Number <b>59-2076032</b> Applied For <input type="checkbox"/> Not Applicable
23 <b>LAKE WORTH FL</b> Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 <b>33460</b> 25 <b>USA</b>	29 Zip Country	30 Zip Country

9. Name and Address of Current Registered Agent DESOTO, NICHOLAS T. 07-D ATRIUM CIRCLE ATLANTIS FL 33462	10. Name and Address of New Registered Agent 81 Name <b>JERRY KRITZ</b> 82 Street Address (P.O. Box, Number is Not Acceptable) <b>2269 26th AVE NORTH</b> 83 84 City <b>LAKE WORTH</b> FL 85 Zip Code <b>33460</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jerry Fritz* DATE **9-8-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 FRITZ, JERRY		1.2 NAME	
STREET ADDRESS %SUNCO LANDSCAPE, 2269 2ND AVE. NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
TITLE SVD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DESOTO, NICHOLAS T.		2.2 NAME	
STREET ADDRESS 07-D ATRIUM CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTIS FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GURKLIS, CHARLES		3.2 NAME	
STREET ADDRESS 714 SNOWDON TERR.		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33460		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **9-7-99** DAYTIME PHONE # **561-642-3285**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)