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May 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004759

1. Corporation Name

THE DOWNTOWN LAKE WORTH MERCHANTS ASSOCIATION, I NC.

Principal Place of Business

519 LAKE AVE.
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 1167
LAKE WORTH FL 33460-1167



2. Principal Place of Business 21 617 Lake Avenue Suite, Apt. #, etc. 22 City & State 23 Lake Worth FL Zip Country 24 33460 25 Palm Beach		2a. Mailing Address 26 617 Lake Avenue Suite, Apt. #, etc. 27 City & State 28 Lake Worth FL Zip Country 29 33460 30 Palm Beach		3. Date Incorporated or Qualified 09/11/1996 4. FEI Number 65-0689649 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CEASER, DENNIS E 519 LAKE AVE. LAKE WORTH FL 33460				10. Name and Address of New Registered Agent 81 Name Garrett A. Foster 82 Street Address (P.O. Box Number is Not Acceptable) 617 Lake Avenue 83 84 City Lake Worth FL 85 Zip Code 33460	

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 Garrett A. Foster (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEASER, DENNIS E	1.2 NAME	Garrett A. Foster
STREET ADDRESS	519 LAKE AVE	1.3 STREET ADDRESS	617 Lake Avenue
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMINSKI, RICHARD	2.2 NAME	Karen Knight
STREET ADDRESS	517 LAKE AVE	2.3 STREET ADDRESS	9 North J street
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, DERRICK	3.2 NAME	Erin Ehman
STREET ADDRESS	630 LAKE AVE	3.3 STREET ADDRESS	128 N. Lake Side Drive
CITY-ST-ZIP	LAKE NORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Nancy Liantonio
STREET ADDRESS		4.3 STREET ADDRESS	800 Lake Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH FL 33460
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: Nancy Liantonio REINSTATED TD 5/1/99 561-588-7004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0045723

CR2E037 (1/98)