

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32397 (2)**  
 1. Corporation Name  
**WORTH AVENUE LIMITED, INCORPORATED**



Principal Place of Business <b>9801 LAKE NONA ROAD ORLANDO FL 32827</b>	Mailing Address <b>9801 LAKE NONA ROAD ORLANDO FL 32827</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1990</b>	3a. Date of Last Report <b>04/19/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>98-0106623</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GRAY, JOHN T. % LAKE NONA CORPORATION 9801 LAKE NONA RD ORLANDO FL 32827</b>				10. Name and Address of New Registered Agent	
				81. Name <b>CHRISTOPHER J. DEVERELL</b>	
				82. Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 265246</b>	
				83. <b>2611 PARKLAND DR</b>	<b>32803</b>
				84. City <b>ORLANDO</b>	85. Zip Code <b>FL 32802</b>

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 re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEVERELL, CHRISTOPHER J.</b>			12 NAME			
STREET ADDRESS	<b>9801 LAKE NONA RD.</b>			13 STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL</b>			14 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROCKELL, BARRY C.</b>			22 NAME			
STREET ADDRESS	<b>105 PARK STREET, W1Y 3FB</b>			23 STREET ADDRESS			
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>			24 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUNLEY, JOHN B.</b>			32 NAME			
STREET ADDRESS	<b>105 PARK STREET, W1Y 3FB</b>			33 STREET ADDRESS			
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>			34 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUNNING, CHRISTOPHER J.</b>			42 NAME			
STREET ADDRESS	<b>105 PARK STREET, W1Y 3FB</b>			43 STREET ADDRESS			
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				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, further certify that the information included 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)