

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011495 (8)

1. Corporation Name

4236 LAKE WORTH CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1645 PALM BEACH LAKES BLVD.
STE 400
WEST PALM BEACH FL 33401
US**

Mailing Address

**1645 PALM BEACH LAKES BLVD.
STE 400
WEST PALM BEACH FL 33401
US**

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21
State, Apt. #, etc.

2b. Mailing Address

25
State, Apt. #, etc.

4. FIC Number

65-0388766

Applied For

Not Applicable

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. 194.032
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GERSON, GARY N
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401**

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. This report is the predecessor of Sections 607.0002 and 607.1508, Florida Statutes. This 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 authorized and accept the obligations of Section 607.0005, Florida Statutes.

SIGNATURE

(Signature of person or corporation of registered agent and his/her legal designee)

(Signature of person or corporation of registered agent and his/her legal designee)

(Signature)

12. OFFICERS AND DIRECTORS

12a. NAME	D
12b. STREET ADDRESS	METZ, JOHN C
12c. CITY, STATE, ZIP	1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL
12d. NAME	D
12e. STREET ADDRESS	MCDONALD, ROBERT
12f. CITY, STATE, ZIP	1645 PALM BCH LAKES BLVD STE 400 WEST PALM BEACH FL
12g. NAME	D
12h. STREET ADDRESS	SQUIRES, RICHARD
12i. CITY, STATE, ZIP	9123 VALLEY CHAPEL DALLAS TX 75220
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE, ZIP	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY, STATE, ZIP	
12p. NAME	
12q. STREET ADDRESS	
12r. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY, STATE, ZIP	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY, STATE, ZIP	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY, STATE, ZIP	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY, STATE, ZIP	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not publicly for the corporation stated in the laws of the State of Florida. I further certify that the information is complete and correct and that the corporation is not in violation of any law of the State of Florida. I am authorized and accept the obligations of Section 607.0005, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the statement of change of registered office and agent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 467-478-0080