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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1998					IONS		Secretary of State					
DOCUMENT # P93000030571 (2)  125 WORTH AVENUE, INC.											J		
(me v. willit 111 m) 10 m) 1110.													
Principal Place	e of Business		Mailing Addres	is							<b>8</b>      <b>8 </b>	<b>88</b> 19814 <b>88</b> 181 <b>8</b> 184 <b>188</b>	
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PALM BCH FL 33480 PAL US US US				PALM BCH FL 33480 US			3.	Date Inco				HIS SPACE	
•							-	04/27/					
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21			26					52-18	329734			<del></del>	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #	t, etc.	i		5.	Certificate	e of Statu	ıs Desire	d 🗆	\$8.75	
City & State	p		City & State					Flooring (	2====1==			Fee Re	
23 28							6.	Election C Trust Fun			mg 🗆	<b>\$5.00</b> Added t	
Zip	<u> </u>	Count	ry	8.				as paid the	e current year Into				
24	2	30			Personal					-No			
9. Name and Address of Current Registered Agent								Name an	d Addre	ss of Ne	w Registe	ered Agent	
KIPP, ERNST-LUDWIG													
							Address (P	.O. Box N	umber is	Not Acc	eptable)		
400 ROYAL PALM WAY, SUITE #206						3							
PALM BEACH FL 33480						4 City							
											i	FL 85 Zip (	Code
11. Pyrsuant i	la the provision	ns of Sections 607,0502	and 607.1508, Flor	ida Statutes	the abo	ve-named	corporation	n submits	this state	ment for			s registered
office of fi	egistered ager m familiar with	ns of Sections 607.0502 nt, or both, in the State o , and accept the obligat	it Florida, Such cha ions of, Section 607	nge was au 7.0505, Flori	itnorized i ida Statut	oy tne corp ∌s.	poration's b	oard of di	rectors. I	nereby :	accept the	appointment as	registered
SIGNATURE													
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE, F OFFICERS AND DIRECTORS					ogisterod Agent signature required when reinstating) DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
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NAME			<del></del>		6.2 NAME								
STREET ADDRESS						et address							
							1						I

14. I hereby certify that the information supplied with this filling 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 of 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 of the receiver of 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 of the receiver of 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 of the receiver of 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

(561)655-3466

**FILED** 

Feb 05 1998 8:00am