


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90254 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 711557</b>		
1. Corporation Name <b>DARBY HALL, INC.</b>		
Principal Place of Business 1901 S. OCEAN DRIVE HOLLYWOOD FL 33019	Mailing Address 1901 S. OCEAN DRIVE HOLLYWOOD FL 33019	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/29/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1167436
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>BENNETT, HIGH</b> 1901 S. OCEAN DRIVE APT. #207 HOLLYWOOD FL 33019	10. Name and Address of New Registered Agent 81 Name <b>Ralph DeLuca</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1901 S. Ocean Drive</b> 83 <b>Apt #307</b> 84 City <b>Hollywood</b> <b>FL</b> 85 Zip Code <b>33019</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 Ralph DeLuca **Ralph DeLuca** DATE \_\_\_\_\_  
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	<b>BENNETT, HIGH</b>	1.2 NAME	
STREET ADDRESS	<b>1901 S. OCEAN DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIORINO, LOUIS</b>	2.2 NAME	<b>Ralph DeLuca</b>
STREET ADDRESS	<b>1901 S. OCEAN DRIVE</b>	2.3 STREET ADDRESS	<b>1901 S. Ocean Drive</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	<b>Hollywood FL</b>
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIMARTINO, DOMINIC</b>	3.2 NAME	
STREET ADDRESS	<b>1901 S. OCEAN DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARAMENDI, GUS</b>	4.2 NAME	
STREET ADDRESS	<b>1901 S. OCEAN DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COGNATA, ALBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1901 S. OCEAN DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	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: Dominic DiMartino **Dominic DiMartino** 2/19/99 954-920-2125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)