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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738269 (0)

1. Corporation Name
DELVISTA ROAD MAINTENANCE COMPANY



Principal Place of Business 20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH FL 33180	Mailing Address 20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH FL 33180
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3. Date Incorporated or Qualified 03/10/1977	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2168991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LUMPKIN, THOMAS D. II, ESQ.
515 GABLES INTERNATIONAL PLAZA
2855 LE JEUNE ROAD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAVADLO, METTY	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RAYMOND, WARREN	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPITALNY, MELVIN	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALPERT, ISREAL	
STREET ADDRESS	20355 NE 34 DELVISTA CT.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOFF, MAURICE	
STREET ADDRESS	20355 N.E. 34TH DELVISTA CT	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D RAYMOND, WARREN
2.3 STREET ADDRESS	20355 NE 34 Delvista Ct.
2.4 CITY-ST-ZIP	N. Miami Bch, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SPITALNY, MELVIN
3.3 STREET ADDRESS	20355 NE 34 Delvista Ct.
3.4 CITY-ST-ZIP	N. Miami Bch, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S/T Perlman, Jerome
6.3 STREET ADDRESS	20355 NE 34 Delvista Ct.
6.4 CITY-ST-ZIP	N. Miami Bch, FL

14. I do 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.

SIGNATURE: *Melvin Spitalny* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/26/97** **305-937-0188**
Date Daytime Phone # 0078478

CR2E037 (9/96)