


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90056 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002109**

1. Corporation Name  
**DELINCO, INC.**

Principal Place of Business 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410	Mailing Address 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/26/1996</b>	4. FEI Number <b>75-2619477</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
24. Zip	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>	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 <b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HEITMEYER, RICHARD A</del>	1.2 NAME	
STREET ADDRESS	<del>3950 RCA BLVD., SUITE 5001-</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33410 -</del>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HEITMEYER, RICHARD A</del>	2.2 NAME	Barbara Goransson
STREET ADDRESS	<del>3950 RCA BLVD., SUITE 5001</del>	2.3 STREET ADDRESS	3950 RCA Blvd. Suite 5001
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33410</del>	2.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33410
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	3.1 TITLE	D/VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWELL, KENNETH A	3.2 NAME	
STREET ADDRESS	3950 RCA BLVD., SUITE 5001	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	<b>COOD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RAMSAY, JOHN E----</del>	4.2 NAME	
STREET ADDRESS	<del>3414 PEACHTREE RD., STE. 660--</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>ATLANTA GA--</del>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, GEORGE	5.2 NAME	
STREET ADDRESS	3950 RCA BLVD., STE. 5001	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	5.4 CITY-ST-ZIP	
TITLE	<b>TCFO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREETHAM, DONALD	6.2 NAME	
STREET ADDRESS	3950 RCA BLVD., STE. 5001	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	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 607, 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: Kenneth Treadwell Kenneth Treadwell Director/VP 4/23/99 561-776-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)