07081999-90021-048-$550.00-$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -9 PM 2:34
SECRETARY OF STATE

DOCUMENT # F96000004106

1. Name Changed Delcy's Of Fire, Ltd.

Principal Place of Business
P O BOX 222
COLD SPRING NY 10516
US

Mailing Address
P O BOX 222
COLD SPRING NY 10516
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1996
4. FEI Number: 22-2607017 — 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SEITZ, HOWARD G ESQ .
11392 TURTLE BEACH RD.
LOST TREE VILLAGE
NORTH PALM BEACH FL 33408

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. 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 Howard G Seitz — DATE 5/25/99
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	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CABOT, FRANCIS H		1.2 NAME	
STREET ADDRESS	81 MAIN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	COLD SPRING NY 10516		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, MARGARET		2.2 NAME	
STREET ADDRESS	81 MAIN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	COLD SPRING NY 10516		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SEITZ, HOWARD G		3.2 NAME	
STREET ADDRESS	230 PARK AVE., #1567		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CABOT, F C		4.2 NAME	CABOT, F COLIN
STREET ADDRESS	2809 N. PROSPECT ST.		4.3 STREET ADDRESS	7097 SANBORN ROAD
CITY-ST-ZIP	MILWAUKEE WI 53211		4.4 CITY-ST-ZIP	LOUDON, NH. 03301
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE 550.00	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	07/09/99 90021 048		6.3 STREET ADDRESS	600002989036--9
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 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: SIGNATURE REQUIRED Howard G Seitz 212-687-6950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
212-687-6950

CR2E034 (11/98)