FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV -8 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K33244** **(0)**

1. Corporation Name

THE DELGARDIO GROUP, INC.

Principal Place of Business	Mailing Address
11217 LAKE VIEW DR. CORAL SPRINGS FL 33071	11217 LAKE VIEW DR. CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **09/15/1988**
3a. Date of Last Report: **02/08/1995**

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

4. FEI Number: **65-0081329** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZIPPAY, CATHEINE ATTY
1401 NORTH UNIVERSITY DR., SUITE 01
CORAL SPRINGS FL 33071-6068

10. Name and Address of New Registered Agent

81 Name: PATRICIA Delgardio
82 Street Address (P.O. Box Number is Not Acceptable): 11217 Lakeview Drive
83 City: CORAL SPRINGS
84 FL 85 Zip Code: 330[illegible]

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: [signature] 11/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DELGARDIO, MICHAEL 11217 LAKE VIEW DR. CORAL SPRINGS FL 33071 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002006191--6 -11/15/96--01088--001 ****208.75 ****208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DELGARDIO, PATRICIA 11217 LAKE VIEW DR. CORAL SPRINGS FL 33071 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition **REINSTATEMENT** [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002006191--6 -11/15/96--01088--002 *****20.00 *****20.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002006191--6 -11/15/96--01088--003 ****146.25 ****146.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] 11/96
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

Vice President - The Delgardio Group Inc (954) 3409426
Title — Daytime Phone #

CR2E034 (12/95)