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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #K40633 (5)

1. Corporation Name

DELSANA INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 127 MONTCHANNIN, DE 19710-0127 US	POST OFFICE BOX 127 MONTCHANNIN, DE 19710-0127 US

3. Date Incorporated or Qualified: 10/21/88
3a. Date of Last Report:

2. Principal Place of Business
21: 848 Limpet Drive
22: Suite, Apt. #, etc.:
23: City & State: Sanibel, FL
24: Zip: 33957
25: Country: U.S.A.

2a. Mailing Address
26: c/o Richard Winesett
27: Suite, Apt. #, etc.: P.O. Drawer 610
28: City & State: Fort Myers, FL
29: Zip: 33901-0610
30: Country: U.S.A.

4. FEI Number: 65-0086305 — 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

WINESETT, RICHARD W.
2248 FIRST STREET
FORT MYERS, FL 33901

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: B. Gary Scott — B. Gary Scott Pres
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	DPT SCOTT, B. GARY POST OFFICE BOX 127 MONTCHANNIN, DE 19710 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[✓] Change [ ] Addition 848 LIMPET DRIVE SANIBEL, FL 33957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCOTT, JOANNE T. POST OFFICE BOX 127 MONTCHANNIN, DE 19710 [ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[✓] Change [ ] Addition 848 LIMPET DRIVE SANIBEL, FL 33957
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
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
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 900001782749 -04/16/96--01126--003 ***208.75
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 4.16

CR2E034 (12/95)

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)(k), 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: B. Gary Scott Pres — (941) 472-6346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. GARY SCOTT, PRESIDENT — (302) 792-7189