

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

**APPROVED AND FILED**

DOCUMENT # **P92000009612 (2)** *pvj (8)*

1. Corporation Name  
**DEL HARBOR, INC.**

95 MAY -1 AM 10:15

SECRETARY OF STATE  
 TALAHASSEE, FLORIDA

Principal Place of Business: **260 LONG RIDGE ROAD STAMFORD CT 06927**

Mailing Address: **260 LONG RIDGE ROAD STAMFORD CT 06927**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/07/1992</b>	3a. Date of Last Report <b>03/07/1994</b>
21. Suite, Apt. #, etc.	2b. Mailing Address <b>GE CAPITAL CORPORATION</b>			4. FEI Number <b>65-0384224</b>	Applied For Not Applicable
22. City & State	Suite, P.O. #, etc. <b>P.O. BOX 9552</b>			5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	City & State <b>FT. MYERS, FL 33906-9552</b>			6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	28. <i>Attn: Shannon Williams</i>			8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25. Country	29. Zip	30. Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b>	1.1 TITLE	<b>ATT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIWULEC, ANDREW P</b>	1.2 NAME	<b>Oscar Garza</b>
STREET ADDRESS	<b>499 THORNALL ST</b>	1.3 STREET ADDRESS	<b>4211 Metro Parkway</b>
CITY, ST, ZIP	<b>EDISON NJ 08837</b>	1.4 CITY, ST, ZIP	<b>FL Myers, FL 33916</b>
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASSAMAN, DENNIS</b>	2.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>EDISON NJ 08837</b>	2.4 CITY, ST, ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERER, BRADLEY A</b>	3.2 NAME	
STREET ADDRESS	<b>1801 BLEVEDERE RD., #110E</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>W. PALM BEACH FL 33401</b>	3.4 CITY, ST, ZIP	
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGWINKLE, MARY E</b>	4.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>EDISON NJ</b>	4.4 CITY, ST, ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, KAREN H</b>	5.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>EDISON NJ</b>	5.4 CITY, ST, ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPERGER, JOHN M</b>	6.2 NAME	
STREET ADDRESS	<b>499 THORNALL ST.</b>	6.3 STREET ADDRESS	
CITY, ST, ZIP	<b>EDISON NJ</b>	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.07(3)(b), 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 190, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on an attachment with my address.

SIGNATURE: *[Signature]* ASSISTANT TREASURER **STATE TAXES** *4/27/95*