

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P92000009612 (2)
 1. Corporation Name
DEL HARBOR, INC.



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

Mailing Address
**DEPT. 8109
 260 LONG RIDGE RD.
 STAMFORD CT 06927-9621
 US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/07/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0384224 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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 | |

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 _____
(Signature typed or printed name of registered agent and the applicable (INC) Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|--|
| TITLE | ATT SCHULMAN, GARY J | <input type="checkbox"/> DELETE | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 260 LONG RIDGE RD. | | 12 NAME |
| STREET ADDRESS | STAMFORD CT | | 13 STREET ADDRESS |
| CITY-ST-ZIP | | | 14 CITY-ST-ZIP |
| TITLE | DP SASSAMAN, DENNIS | <input type="checkbox"/> DELETE | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 499 THORNALL ST | | 22 NAME |
| STREET ADDRESS | EDISON NJ 08837 | | 23 STREET ADDRESS |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP |
| TITLE | V SCHERER, BRADLEY A | <input type="checkbox"/> DELETE | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1801 BLEVEDERE RD., #110E | | 32 NAME |
| STREET ADDRESS | W. PALM BEACH FL 33401 | | 33 STREET ADDRESS |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP |
| TITLE | AS BURGINKLE, MARY E | <input type="checkbox"/> DELETE | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 499 THORNALL ST. | | 42 NAME |
| STREET ADDRESS | EDISON NJ | | 43 STREET ADDRESS |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP |
| TITLE | AS KELLER, KAREN H | <input type="checkbox"/> DELETE | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 499 THORNALL ST. | | 52 NAME |
| STREET ADDRESS | EDISON NJ | | 53 STREET ADDRESS |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP |
| TITLE | S SPERGER, JOHN M | <input type="checkbox"/> DELETE | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 499 THORNALL ST. | | 62 NAME |
| STREET ADDRESS | EDISON NJ | | 63 STREET ADDRESS |
| CITY-ST-ZIP | | | 64 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.

SIGNATURE: *Gary J. Schulman* **GARY J. SCHULMAN** 4-27-98 203 227-45214

CR2E034 (10/97)