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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P92000009612

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

3. Date Incorporated or Qualified
12/07/1992

4. FEI Number
65-0384224

Applied For
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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	ATT	<input type="checkbox"/> DELETE
NAME	SCHULMAN, GARY J	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SASSAMAN, DENNIS	
STREET ADDRESS	499 THORNALL ST	
CITY-ST-ZIP	EDISON NJ 08837	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHERER, BRADLEY A	
STREET ADDRESS	1601 BLEVEDERE RD., #110E	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BURGWINKLE, MARY E	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KELLER, KAREN H	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPERGER, JOHN M	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	

1.1 TITLE	ATT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Amato	
1.3 STREET ADDRESS	777 Long Ridge Rd	
1.4 CITY-ST-ZIP	Stamford, CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

203-357-4544

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

Daytime Phone #

CR2E034 (11/98)