

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037199 (1)
 1. Corporation Name
DELRAY BEACH PROPERTY, INC.



Principal Place of Business C/O JEFFREY P. ZANE 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407	Mailing Address C/O JEFFREY P. ZANE 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 735 ISLAND DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 118 N. Bedford Rd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/24/1997	4. FEI Number 05 075 1824	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
23 City & State PAUM BEACH FL	28 City & State Mt. Kisco, NY	24 Zip 33480	25 Country PAUM BSM	29 Zip 10549
30 Country USA	9. Name and Address of Current Registered Agent ZANE, JEFFREY P ESQ. SINGE & ZANE, P.A. 701 NORTHPOINT PKWY., SUITE 330 WEST PALM BEACH FL 33407			

81 Name	10. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, CHARLES	1.2 NAME	
STREET ADDRESS	701 NORTHPOINT PKWY., SUITE 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, FRANCES	2.2 NAME	
STREET ADDRESS	701 NORTHPOINT PKWY., SUITE 330	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOVSKY, EDWARD	3.2 NAME	
STREET ADDRESS	701 NORTHPOINT PKWY., SUITE 330	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOVSKY, LISA	4.2 NAME	
STREET ADDRESS	701 NORTHPOINT PKWY., SUITE 330	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)