

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V30003** (0)
1. Corporation Name
THE MOORINGS OF DELRAY, INC.



Principal Place of Business: **219 S.E. 7TH AVENUE DELRAY BEACH FL 33483**
Mailing Address: **219 S.E. 7TH AVENUE DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **04/16/1992**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **65-0349024**
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

2. Principal Place of Business: **220 CONGRESS PK. DR. SUITE 301 DELRAY BEACH FL 33445**
2a. Mailing Address: **220 CONGRESS PARK DR SUITE 301 DELRAY BEACH FL 33445**

9. Name and Address of Current Registered Agent
**MINERLEY, RUTHERFORD & M
2101 CORPROATE BLVD NW
STE 400
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name: **Lois Hamil**
82 Street Address (P.O. Box Number is Not Acceptable): **220 CONGRESS PARK DR SUITE 301 DELRAY BEACH FL 33445**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Lois Hamil*
Signature, typed or printed name of registered agent and his or her date.

DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMIL, TAYLOR	
STREET ADDRESS	219 S.E. 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMIL, JOHN JOSEPH IV	
STREET ADDRESS	219 S.E. 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAMIL, JOHN JOSEPH JR	
STREET ADDRESS	219 S.E. 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, THERESA D	
STREET ADDRESS	355 NE 5TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FOX, TIMOTHY A	
STREET ADDRESS	355 NE 5TH AVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PRES / D	<input type="checkbox"/> DELETE
NAME	LOIS HAMIL	
STREET ADDRESS	220 CONGRESS PARK DR #301	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MRS. / D LOIS HAMIL
63 STREET ADDRESS	220 CONGRESS PK. DR.
64 CITY-ST-ZIP	DELRAY BEACH FL 33445

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 supplementary 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: *Lois Hamil*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)