

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **378775**

(1)

1. Corporation Name

DEL CONTE ENTERPRISES, INC.



Principal Place of Business

205 MAIN BLVD., SUITE 1-A
BOYNTON BEACH FL 33435

Mailing Address

205 MAIN BLVD., SUITE 1-A
BOYNTON BEACH FL 33435

2. Principal Place of Business

21 *SAME*

State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 *SAME*

State, Apt. #, etc.

27 City & State

28 Zip

Country

29

9. Name and Address of Current Registered Agent

FOLSOM, MARVIN C.
205 MAIN BLVD., STE 1-A
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified 03/17/1971	3a. Date of Last Report 05/31/1995
4. FEI Number 59-1318720	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

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 607.0100 and 607.1505, 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 obligation of Section 607.0105, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	P	<input type="checkbox"/> DELETED
12.2 STREET ADDRESS	FOLSOM, MARVIN C.	
12.3 CITY & STATE	205 MAIN BLVD., STE 1-A	
12.4 ZIP	BOYNTON BEACH FL 33435	
12.5 TITLE		<input type="checkbox"/> DELETED
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY & STATE		<input type="checkbox"/> DELETED
12.9 ZIP		
12.10 TITLE		<input type="checkbox"/> DELETED
12.11 NAME		
12.12 STREET ADDRESS		
12.13 CITY & STATE		<input type="checkbox"/> DELETED
12.14 ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1 TITLE	S+T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	GLORIA J. FOLSOM	
13.3 STREET ADDRESS	205 MAIN BLVD 1-A	
13.4 CITY & STATE	BOYNTON BEACH, FL 33435	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that the information indicated on this filing is part of the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 Back 12 or Back 13 if change of or on an annual filing with an address.

SIGNATURE: *Marvin C. Folsom Pres.* **MARVIN C. FOLSOM** 1-30-96 407-354-9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)