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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33435-6850

3. Date Incorporated or Qualified  
03/17/1971

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business  
21 3000 HIGH RIDGE RD

2a. Mailing Address  
25 3000 HIGH RIDGE RD

4. FEI Number  
59-1318720

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 SUITE 14

Suite, Apt. #, etc.  
27 SUITE 14

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 BOYNTON BEACH, FL

City & State  
28 BOYNTON BEACH, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33426

Country  
25 USA

Zip  
29 33426

Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name MARVIN C. FOLSOM  
82 Street Address (P.O. Box Number is Not Acceptable) 3000 HIGH RIDGE RD  
83 SUITE 14  
84 City BOYNTON BEACH FL 85 Zip Code 33426

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	FOLSOM, MARVIN C.	205 MAIN BLVD., STE 1-A	BOYNTON BEACH FL 33435	<input type="checkbox"/>
ST	FOLSOM, GLORIA J	205 MAIN BLVD 1-A	BOYNTON BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	MARVIN C FOLSOM	3000 HIGH RIDGE RD #14	BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	GLORIA J. FOLSOM	3000 HIGH RIDGE RD #14	BOYNTON BEACH, FL. 33426	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Marvin C. Folsom* Date: 1-7-97 Daytime Phone #: 561-582-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0320044

CR2E034 (9/96)