

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

**FILED**  
**Mar 31 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 # 627506 (9)**  
 1. Corporation Name  
**DELCOR INDUSTRIES, INC.**



Principal Place of Business  
**2331 THOMAS ST  
 HOLLYWOOD FL 33020**

Mailing Address  
**2331 THOMAS ST  
 HOLLYWOOD FL 33020-2038**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1979</b>	3a. Date of Last Report <b>04/16/1996</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-1941736</b>	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>
30. Country	31. City & State	32. Zip	33. Country	34. City & State	35. Zip
36. Country	37. City & State	38. Zip	39. Country	40. City & State	41. Zip
42. Country	43. City & State	44. Zip	45. Country	46. City & State	47. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BLASI, JOSEPH L. 3439 MCKINLEY STREET HOLLYWOOD FL 33021</b>		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	<b>FL</b>

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 subject to performance of a registered agent and if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLASI, JOSEPH L.</b>	1.2 NAME	
STREET ADDRESS	<b>3439 MCKINLEY STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLASI, PATRICIA C.</b>	2.2 NAME	
STREET ADDRESS	<b>3439 MCKINLEY STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 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: *[Signature]* **3/24/97** 954-920-7333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Telephone #

CR2E034 (9/96)