

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737467** (1)

1. Corporation Name

TEMPLE OF THE ORACLES OF DELPHI, INC.



Principal Place of Business 9500 PALMETTO CLUB LANE E. MIAMI FL 33157	Mailing Address 9500 PALMETTO CLUB LANE E. MIAMI FL 33157-1787
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1976	3a. Date of Last Report 04/03/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1705303		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROLLO, ROSE 9500 PALMETTO CLUB LANE E. MIAMI FL 33157				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 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLO, ROSE		1.2 NAME				
STREET ADDRESS	9500 PALMETTO CLB LA		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLO, CARMEN		2.2 NAME				
STREET ADDRESS	9100 S DIXIE HWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PREWITT, MARLENE		3.2 NAME	PREWITT, MARLENE			
STREET ADDRESS	300 D VERSAILLES DR		3.3 STREET ADDRESS	776 CAVALIER DR. APT. A			
CITY-ST-ZIP	MELBOURNE BEACH FL		3.4 CITY-ST-ZIP	INDIAN LANTIC, FL. 32903			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DINNIE, MERONEY		4.2 NAME	DENNIE MERONEY			
STREET ADDRESS	7831 SW 56TH ST #211		4.3 STREET ADDRESS	DEER CREEK COUNTRY CLUB 3338 ALBA WAY			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442			
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLO, GEORGE		5.2 NAME				
STREET ADDRESS	9500 PALMETTO CLB LNE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	ROLLO, ROY			
STREET ADDRESS			6.3 STREET ADDRESS	9500 PALMETTO CLUB LANE E.			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL. 33157			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROSE ROLLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97-305-2384672
Date Daytime Phone # 0031327

CR2E037 (9/96)