

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **835173** (6)

1. Corporation Name  
**DELLWOOD CORPORATION**



Principal Place of Business: **14 EAST MALL PLAZA PO BOX 729 CARNEGIE, PENNSYLVANIA 15106 US**  
Mailing Address: **14 E. MALL PLAZA PO BOX 729 CARNEGIE, PENNSYLVANIA 15106**

2. Principal Place of Business: **21 520 N. Semoran Blvd. Suite, Apt. #, etc. Suite 230 City & State Orlando, Florida Zip 32807-3331 Country USA**  
2a. Mailing Address: **26 Same Suite, Apt. #, etc. Same City & State Same Zip Same Country**

3. Date Incorporated or Qualified: **10/08/1975**  
3a. Date of Last Report: **09/25/1995**  
4. FET Number: **25-0900825**  
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

9. Name and Address of Current Registered Agent  
**SHELPMAN, KIMBERLY  
520 N. SEMORAN BLVD.  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607 (b)(2) and (b)(3), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELPMAN, JOHN J.</b>	
STREET ADDRESS	<b>14 E. MALL PLAZA</b>	
CITY - ST - ZIP	<b>CARNEGIE PA 15106</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCAFFREY, C.G., III</b>	
STREET ADDRESS	<b>1006 OSAGE ROAD</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA 15243</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, LOIS</b>	
STREET ADDRESS	<b>14 E. MALL PLAZA</b>	
CITY - ST - ZIP	<b>CARNEGIE PA 15106</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTOLOMUCCI, JEFFREY</b>	
STREET ADDRESS	<b>14 E. MALL PLAZA</b>	
CITY - ST - ZIP	<b>CARNEGIE PA 15106</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GULICK, JAMES</b>	
STREET ADDRESS	<b>14 EAST MALL PLAZA</b>	
CITY - ST - ZIP	<b>CARNEGIE PA 15106</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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 199.07(3)(a), 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: *Jeffrey Bartolomucci* **Jeffrey Bartolomucci 4/26/96 (412) 279-9591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)