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FILED
Jan 27 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 # 835173 (6)

1. Corporation Name
DELLWOOD CORPORATION



Principal Place of Business: **520 N. SEMORAN BLVD SUITE 230 ORLANDO FL 32807-3331 US**
 Mailing Address: **520 N. SEMORAN BLVD SUITE 230 ORLANDO FL 32807-3331 US**

3. Date Incorporated or Qualified: **10/08/1975**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **25-0900825**
 Applied For: Applied For Not Applicable
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELPMAN, KIMBERLY
520 N. SEMORAN BLVD.
ORLANDO FL 32807

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 607.0502 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELPMAN, JOHN J.	
STREET ADDRESS	14 E. MALL PLAZA	
CITY - ST - ZIP	CARNEGIE PA 15108	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCAFFREY, C.G., III	
STREET ADDRESS	1008 OSAGE ROAD	
CITY - ST - ZIP	PITTSBURGH PA 15243	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, LOIS	
STREET ADDRESS	14 E. MALL PLAZA	
CITY - ST - ZIP	CARNEGIE PA 15108	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARTOLOMUCCI, JEFFREY	
STREET ADDRESS	14 E. MALL PLAZA	
CITY - ST - ZIP	CARNEGIE PA 15108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Jeffrey Bartolomucci* Treasurer

1/7/97 (412) 279-9591

CR2E034 (9/96)