

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1975

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country
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4. FEI Number 25-0900825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	1006 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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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]* **C.G. McCaffrey III** 1-26-98

CR2E034 (1097)