

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

FILED

**May 08 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 # F93000001588 (3)

1. Corporation Name
DHP HOLDINGS, INC.



Principal Place of Business Mailing Address

**THREE PICKWICK PLAZA
STE. 250
GREENWICH CT 06830** **THREE PICKWICK PLAZA
STE. 250
GREENWICH CT 06830-5538**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/31/1993 **02/21/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		36-3875490		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		Zip		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		24		30	
25		29		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND DR. PLANTATION FL 33324				81 Name			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON-HILL, WILTON	1.2 NAME	
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLICHT, BARRY	2.2 NAME	
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP GROSE, MADISON	3.2 NAME	
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP ELIAN, JONATHAN	4.2 NAME	
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SAYLAK, THOMAS	5.2 NAME	800002182248
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	5.3 STREET ADDRESS	-05/19/97--01008--031
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP WHITNEY, KENNETH	6.2 NAME	CS
STREET ADDRESS	%THREE PICKWICK PLAZA, STE. 250	6.3 STREET ADDRESS	5/18/97
CITY-ST-ZIP	GREENWICH CT 06830	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: _____ DATE: **4/30/97** DAYTIME PHONE: **203-861-2100**

NOTARIAL SEAL REQUIRED

CR2E034 (9/96)