

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004118 (6)

1. Corporation Name

HOMESTEAD OF DELAWARE COMPANY



Principal Place of Business 111 CONTINENTAL DRIVE. SUITE 309 NEWARK DE 19713 US	Mailing Address 111 CONTINENTAL DRIVE. SUITE 309 NEWARK DE 19713-4330 US
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3. Date Incorporated or Qualified 09/10/1993	3a. Date of Last Report 06/18/1996
4. FEI Number 23-2432885	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL-FEW, MARTHA	1.2 NAME	CORNELIUS, ANNE L
STREET ADDRESS	111 CONTINENTAL DR., SUITE 309	1.3 STREET ADDRESS	111 Continental Dr., SUITE 309
CITY-ST-ZIP	NEWARK DE	1.4 CITY-ST-ZIP	NEWARK DE 19713
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMANN, JULIAN H JR	2.2 NAME	
STREET ADDRESS	ONE RODNEY SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19899	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, WILLIAM J	3.2 NAME	
STREET ADDRESS	111 CONTINENTAL DR., SUITE 309	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK DE	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, BURTON H	4.2 NAME	
STREET ADDRESS	100 CRYSTAL A DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA 17033	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, VANESSA J	5.2 NAME	
STREET ADDRESS	111 CONTINENTAL DR., SUITE 309	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK DE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Vanessa J McCall Vanessa J McCall 4/14/97 (302) 452-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)