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Apr 09 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 # F94000001516 (3)

1. Corporation Name

FLORIDA DELAWARE CORPORATION

Principal Place of Business

330 ISLAND ROAD  
PALM BEACH FL 33480

Mailing Address

330 ISLAND ROAD  
PALM BEACH FL 33480-4751



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 51-0299349		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUFTY, PAGE 330 ISLAND ROAD PALM BEACH FL 33480				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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HUFTY, PAGE	1.2 NAME	
STREET ADDRESS	330 ISLAND ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Zip: 33480
TITLE	STDV	2.1 TITLE	
NAME	HUFTY, FRANCES A	2.2 NAME	
STREET ADDRESS	330 ISLAND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	Zip: 33480
TITLE	ASAT	3.1 TITLE	
NAME	HUFTY, PAGE LEE	3.2 NAME	
STREET ADDRESS	340 ISLAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	Zip: 33480
TITLE	ASAT	4.1 TITLE	
NAME	HUFTY, MARY PAGE MD	4.2 NAME	
STREET ADDRESS	257 MAPACHE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POROLA VALLEY CA	4.4 CITY-ST-ZIP	Zip: 94028
TITLE	ASAT	5.1 TITLE	
NAME	LEIDY, FRANCES HUFTY	5.2 NAME	
STREET ADDRESS	105/133, 700 W. DOWINGTOWN PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	5.4 CITY-ST-ZIP	Zip: 19380
TITLE	ASAT	6.1 TITLE	
NAME	HUFTY, JOHN ARCHBOLD	6.2 NAME	
STREET ADDRESS	10310 S.W. START ROAD 45	6.3 STREET ADDRESS	1152 Lake Clarke Drive
CITY-ST-ZIP	ARCHER FL	6.4 CITY-ST-ZIP	West Palm Beach, Florida 33406

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:  Vice-President 4/1/97 (561) 655-6760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Frances A. Hufty Date Daytime Phone #