

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

FILED

May 05 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1994

4. FEI Number

51-0299349

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HUFTY, PAGE  
330 ISLAND ROAD  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |                                 |
|-----------------|---------------------------------|---------------------------------|
| TITLE           | PD                              | <input type="checkbox"/> DELETE |
| NAME            | HUFTY, PAGE                     |                                 |
| STREET ADDRESS  | 330 ISLAND ROAD                 |                                 |
| CITY - ST - ZIP | PALM BEACH FL                   |                                 |
| TITLE           | STDV                            | <input type="checkbox"/> DELETE |
| NAME            | HUFTY, FRANCES A                |                                 |
| STREET ADDRESS  | 330 ISLAND ROAD                 |                                 |
| CITY - ST - ZIP | PALM BEACH FL                   |                                 |
| TITLE           | ASAT                            | <input type="checkbox"/> DELETE |
| NAME            | HUFTY, PAGE LE E                |                                 |
| STREET ADDRESS  | 340 ISLAND ROAD                 |                                 |
| CITY - ST - ZIP | PALM BEACH FL                   |                                 |
| TITLE           | ASAT                            | <input type="checkbox"/> DELETE |
| NAME            | HUFTY, MARY PAGE M D            |                                 |
| STREET ADDRESS  | 257 MAPACHE DRIVE               |                                 |
| CITY - ST - ZIP | PORTOLA VALLEY CA               |                                 |
| TITLE           | ASAT                            | <input type="checkbox"/> DELETE |
| NAME            | LEIDY, FRANCES HUFTY            |                                 |
| STREET ADDRESS  | 105/133, 700 W. DOWINGTOWN PIKE |                                 |
| CITY - ST - ZIP | WEST CHESTER PA                 |                                 |
| TITLE           | ASAT                            | <input type="checkbox"/> DELETE |
| NAME            | HUFTY, JOHN ARCHBOLD            |                                 |
| STREET ADDRESS  | 1152 LAKE CLARKE DR             |                                 |
| CITY - ST - ZIP | W PALM BCH FL                   |                                 |

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 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.

Frances A. Hufty

Vice President

4/22/98

(561) 655-6760

SIGNATURE: 

CR2E034 (10/97)