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FILED
Apr 23 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 # F96000001672 (2)

1. Corporation Name

D/LD FLORIDA MANAGEMENT CORP.

Principal Place of Business

Mailing Address

P.O. BOX 810
WILTON CT 06897-0810

P.O. BOX 810
WILTON CT 06897-0810



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/02/1996

4. FEI Number

Applied For

06-1449754

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 | P | <input checked="" type="checkbox"/> DELETE |
| NAME | PETROWSKI, JOSEPH H | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | GILMAN, JEFFREY R | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, JEFFREY W | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WOLKIN, HAL | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ARONOFF, CAROL R | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CABRERA, JOSE J | |
| STREET ADDRESS | 10 WESTPORT ROAD | |
| CITY-ST-ZIP | WILTON CT | |

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 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:

[Signature]

Vice President (203) 761-2000

CR2E034 (9/96)

4/1/97

D/LD FLORIDA MANAGEMENT CORP.
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

| DIRECTORS | BUSINESS ADDRESS |
|-----------|------------------|
|-----------|------------------|

DUKE/LOUIS DREYFUS L.L.C. AS MANAGEMENT

| DIRECTORS | BUSINESS ADDRESS |
|-----------|------------------|
|-----------|------------------|

| | | |
|---------------------|------------|---------------------------------------|
| JOSEPH H. PETROWSKI | PRESIDENT | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| JEFFREY R. GILMAN | VP/ TREAS. | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| JEFFERY W. JOHNSON | VICE PRES | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| HAL WOLKIN | VICE PRES | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| CAROL R. ARONOFF | SECRETARY | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| JOSE J. CABRERA | ASST SEC | 10 WESTPORT RD, WILTON, CT 06897-0810 |
| THOMAS SCHEUER | ASST SEC | 10 WESTPORT RD, WILTON, CT 06897-0810 |