

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005797

1. Corporation Name
DELUCA GROUP, INC.

Principal Place of Business
842 DURHAM ROAD, STE 200
NEWTOWN PA 18940

Mailing Address
842 DURHAM ROAD, STE 200
NEWTOWN PA 18940

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90008 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

23-1892084

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO ☐ DELETE

NAME DELUCA, ALFONSO
STREET ADDRESS SUITE 200, 842 DURHAM ROAD
CITY-ST-ZIP NEWTOWN PA

1.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME DELUCA, VINCENT G
STREET ADDRESS SUITE 200, 842 DURHAM ROAD
CITY-ST-ZIP NEWTOWN PA

2.1 TITLE ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME DELUCA, JOSEPH A
STREET ADDRESS SUITE 200, 842 DURHAM ROAD
CITY-ST-ZIP NEWTOWN PA

3.1 TITLE ☐ Change ☐ Addition

TITLE ASD ☐ DELETE

NAME DELUCA, JAMES A
STREET ADDRESS SUITE 200, 842 DURHAM ROAD
CITY-ST-ZIP NEWTOWN PA

4.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME HAINES II, RUSH T
STREET ADDRESS 1345 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 11, 1999

215 598 3451

Date

Daytime Phone #

CR2E034 (11/98)