

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005951 (6)
1. Corporation Name
DELAWARE WEST COAST ENTERTAINMENT CORPORATION



Principal Place of Business
ONE SUMMIT SQUARE, SUITE 200
ROUTE 413 AND DOUBLEDWOODS ROAD
NEWTOWN PA 19047

Mailing Address
ONE SUMMIT SQUARE, SUITE 200
ROUTE 413 AND DOUBLEDWOODS ROAD
NEWTOWN PA 19047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-3278751	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	STANDLEY, T. KYLE	1.2 NAME	
STREET ADDRESS	1 SUMMIT SQ, STE 200, RT. 413 & DOUBLEDWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN PA 19047	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VSTO
NAME		2.2 NAME	STANDLEY, M. T.
STREET ADDRESS		2.3 STREET ADDRESS	ONE SUMMIT SQUARE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LANGHORNE PA 19047
TITLE		3.1 TITLE	D
NAME		3.2 NAME	STANDLEY, RALPH W III
STREET ADDRESS		3.3 STREET ADDRESS	ONE SUMMIT SQUARE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE		4.1 TITLE	D
NAME		4.2 NAME	HONG, WESLEY F
STREET ADDRESS		4.3 STREET ADDRESS	ONE SUMMIT SQUARE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 from an attachment with an address.

SIGNATURE _____