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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G16661 (2)
1. Corporation Name
DEL FINANCIAL CORP.

Principal Place of Business: **123 N.W. 13TH STREET BOCA RATON FL 33432**
Mailing Address: **123 N.W. 13TH STREET BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **12/17/1982** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2410841** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
SHAPIRO, DAVID
123 N.W. 13TH STREET
BOCA RATON FL 33432

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAYNICK, JOHN | 1.2 NAME | |
| STREET ADDRESS | 123 N.W. 13TH STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 1.4 CITY - ST - ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGELSTEIN, ALEC | 2.2 NAME | |
| STREET ADDRESS | 123 N.W. 13TH STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 2.4 CITY - ST - ZIP | |
| TITLE | DST <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, PATRICIA | 3.2 NAME | |
| STREET ADDRESS | 123 N.W. 13TH STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 3.4 CITY - ST - ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHAPIRO, DAVID | 4.2 NAME | |
| STREET ADDRESS | 123 N.W. 13TH ST., SUITE 300 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33432 | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and is followed on an attachment with an address.

SIGNATURE:  **DAVID SHAPIRO, VICE PRESIDENT** APRIL 11, 1996 (407) 391-4012
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)