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FILED
May 12 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 # H01126 (2)

1. Corporation Name
DELPAR ENTERPRISES, INC.

Principal Place of Business
#2 - 18TH AVENUE, N.W.
DELRAY BEACH FL 33444-1686

Mailing Address
#2 - 18TH AVENUE, N.W.
DELRAY BEACH FL 33444-1686



2. Principal Place of Business
21 3333 Beverly Rd.
Suite, Apt. #, etc.
22
City & State
23 Hoffman Estates, IL
Zip Country
24 60179 25
2a. Mailing Address
26 3333 Beverly Rd.
Suite, Apt. #, etc.
27 D/768TAX - B5-266A/B
City & State
28 Hoffman Estates, IL
Zip Country
29 60179 30

3. Date Incorporated or Qualified 04/27/1984
3a. Date of Last Report 03/18/1996
4. FEI Number 59-2476567
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

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 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MACAULAY, ALAN C.	8618 SAW PINE RD	DELRAY BEACH FL	<input type="checkbox"/>
VTD	WALSH, J. LLOYD	5249 CHELAN COVE	LAKE WORTH FL	<input type="checkbox"/>
SD	WACKER, JERRY E.	5309 ALTA WAY	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	Sexton, Brian	3333 Beverly Rd.	Hoffman Estates, IL 60179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
VD	Conner, Jeffrey	3333 Beverly Rd.	Hoffman Estates, IL 60179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
VD	Barmett, Richard	3333 Beverly Rd.	Hoffman Estates, IL 60179	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
T	Melancon, Paul	3333 Beverly Rd.	Hoffman Estates, IL 60179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
S	McJohn, Kathleen	3333 Beverly Rd.	Hoffman Estates, IL 60179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)