

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # H28317 (6)
1. Corporation Name
DEL MONTE FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
**1634 MAIN ST
P.O. BOX 3319
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/01/1984	05/01/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-2466550	Not Applicable
24 Zip		25 County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for obligations for orders to 1993 (S.C. Florida Statutes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAMIGLIO, GEORGE V., JR. 1634 MAIN ST SARASOTA FL 34236				81	Name		
				82	Street Address if O (Box Numbers Not Acceptable)		
				83			
				84	City		
				FL	85 Zip Code		

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(2)(b) Florida Statutes, the undersigned corporation submits the 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, thereby assent the appointment as registered agent. I am familiar with and accept the obligations of law for this change of Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PD FAMIGLIO, GEORGE V. JR. PO BOX 3319, N A SARASOTA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2)(b) Florida Statutes. I further certify that the information included 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, the receiver or trustee assigned to manage the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attached sheet, at all address.

SIGNATURE: _____
DATE: 5/20/95
TIME: 8:13-957-0775