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Mar 21 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 # H28317 (6)
1. Corporation Name
DEL MONTE FINANCIAL SERVICES, INC.



Principal Place of Business: 1634 MAIN ST P.O. BOX 3319 SARASOTA FL 34236
Mailing Address: 1634 MAIN ST P.O. BOX 3319 SARASOTA FL 34236-5811

3. Date Incorporated or Qualified: 11/01/1984
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-2466550
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. State, Apt. #, etc.
22. City & State
23. Zip Country
24. [] [25] [] [30]

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. [] [30]

9. Name and Address of Current Registered Agent
FAMIGLIO, GEORGE V., JR.
1634 MAIN ST
SARASOTA FL 34236

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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
PD
FAMIGLIO, GEORGE V. JR.
PO BOX 3319, N A
SARASOTA FL
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE [] Change [] Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE [] Change [] Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
31. TITLE [] Change [] Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE [] Change [] Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE [] Change [] Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE [] Change [] Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I do 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 for the receiver or trustee empowered to execute this 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 attachment with an address.

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

Date: Daytime Phone #

CR2E034 (9/96)