

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

FILED  
Feb 13 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 # **H84614** (7)  
1. Corporation Name  
**DELSHIRE CORPORATION**

Principal Place of Business <b>% JOHN L. WALLER 467 2ND AVE N ST. PETERSBURG FL 33701</b>	Mailing Address <b>% JOHN L. WALLER 467 2ND AVE N ST. PETERSBURG FL 33701</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>324 Poe Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Palm Springs, Fla.</b> Zip 24 <b>33461</b>		2a. Mailing Address 26 <b>1084 Ocean Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hampton, N.H.</b> Zip 29 <b>03842</b>		3. Date Incorporated or Qualified <b>11/06/1985</b>	
25 <b>Palm Beach</b>		30 <b>Rockingham</b>		4. FEI Number <b>59-2600626</b>	
9. Name and Address of Current Registered Agent <b>WALLER, JOHN L. 467 2ND AVE N ST. PETERSBURG FL 33701</b>		10. Name and Address of New Registered Agent 81 Name <b>Shirley Delaney</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>324 Poe Drive</b> 83 <b>Palm Springs</b> 84 City <b>Fla.</b> 85 Zip Code <b>33461</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 G. Shirley Delaney (NOTE: Registered Agent signature required when reinstating) 2/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, FREDERICK T.	1.2 NAME	
STREET ADDRESS	817 HULL STREET, SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, SHIRLEY G	2.2 NAME	
STREET ADDRESS	817 HOLL ST SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLE, JOHN L.	3.2 NAME	
STREET ADDRESS	467 SECOND AVENUE, NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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	

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, or on an attachment with an address.

SIGNATURE: G. Shirley Delaney 2/6/98

CR2E034 (10/97)