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Feb 06 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 # J04417 (8)  
1. Corporation Name  
DELOR ENTERPRISES, INC.



Principal Place of Business Mailing Address  
% LAURA MAE MCGINLEY 666 EAST WELCH CAUSEWAY MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified 03/18/1986  
3a. Date of Last Report 01/30/1996  
4. FEI Number 59-2639336  
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

2. Principal Place of Business 21  
22 Suite Apt. #, etc.  
23 City & State  
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent  
MCGINLEY, LAURA MAE  
666 EAST WELCH CAUSEWAY  
MADEIRA BEACH FL 33708

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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 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: *Laura Mae McGinley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)