05/23/96 08:48 CSC → 14074837321 NO.731 P002

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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K03093

1. Corporation Name

Delray Properties, Inc.

Principal Place of Business	Mailing Address
c/o Corporate Tax Department 15-586 850 Main Street Bridgeport, CT 06604-4913	

2. Date Incorporated or Qualified: 11/18/87
3a. Date of Last Report: 3/20/95
4. FEI Number: 06-1224942 ☐ 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

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

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

9. Name and Address of Current Registered Agent

Richard B. MacFarland
7777 Glades Road, Suite 300
Boca Raton, FL 33434

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Peter M. Brestovan 850 Main Street Bridgeport, CT	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Frances Ricci 850 Main Street Bridgeport, CT	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cynthia Payne 850 Main Street Bridgeport, CT	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Dorothea Brennan 850 Main Street Bridgeport, CT	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carlos Mello 850 Main Street Bridgeport, CT	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D/V Walter S. Strole 850 Main Street Bridgeport, CT	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Jay Forgotson 850 Main Street Bridgeport, CT	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ 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 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: _____ June 5, 1996
Date

CR2E054 (12/95)