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Mar 14 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 # K03093 (7)

1. Corporation Name
DELRAY PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT CT 06604-4913	C/O CORP TAX DEPT. 15-586 850 MAIN STREET BRIDGEPORT CT 06604-4917

3. Date Incorporated or Qualified: 11/18/1987
3a. Date of Last Report: 06/10/1996

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

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

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

9. Name and Address of Current Registered Agent

MACFARLAND, RICHARD B.
7777 GLADES ROAD, SUITE 300
BACO 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRESTOVAN, PETER M.		1.2 NAME		
STREET ADDRESS	850 MAIN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	STROLE, WALTER S		2.2 NAME	Edward Buchis	
STREET ADDRESS	850 MAIN ST.		2.3 STREET ADDRESS	850 Main Street	
CITY-ST-ZIP	BRIDGEPOST CT		2.4 CITY-ST-ZIP	Bridgeport CT 06604	
TITLE	S	☒ DELETE	3.1 TITLE	S.	☒ Change ☐ Addition
NAME	PAYNE, CYNTHIA		3.2 NAME	Keith Ceyan	
STREET ADDRESS	850 MAIN ST.		3.3 STREET ADDRESS	850 Main Street	
CITY-ST-ZIP	BRIDGEPOST CT		3.4 CITY-ST-ZIP	Bridgeport CT. 06604	
TITLE	D	☒ DELETE	4.1 TITLE	D.	☒ Change ☐ Addition
NAME	FORGOTSON, JAY		4.2 NAME	George Macliss	
STREET ADDRESS	850 MAIN STREET		4.3 STREET ADDRESS	850 Main Street	
CITY-ST-ZIP	BRIDGEPORT CT		4.4 CITY-ST-ZIP	Bridgeport, CT 06604	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MELLO, CARLOS		5.2 NAME		
STREET ADDRESS	850 MAIN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D.	☐ Change ☒ Addition
NAME			6.2 NAME	David Carson	
STREET ADDRESS			6.3 STREET ADDRESS	850 Main Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Bridgeport, CT 06604	

CR2E034 (9/96)

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: Carla L. Mello