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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16727

(5)

JOHN F. DELISI DISTRIBUTOR, INC.

Principal Place of Business

Mailing Address

1318 SE 12TH TERRACE

1318 SE 12TH TERRACE DEERFIELD BEACH FL 33441-7134

APPROVED AND FILED

1797 JUL 16 PH 3: 02

SECRETARY OF STATE TALLAMACCES, FLORIDA



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	<u>-</u>					3. Date Incorporated or Qualified 02/26/1988	3a. Date 04/17	of Last Report /1996	
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number		Applied For	
21		26				65-0032682		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required		
City & Stat	9	City & State				6. Election Campaign Financing		\$5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip	Country	Zip		untry		B. This corporation has liability for in			
24	25	29	30				Yes 🔲		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	istered Age	nt	
DELISI, JOHN F.				1"	Harrie	ALLE			
	8 S E 12TH TERRACE		82		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
DE	ERFIELD BEACH FL 33441			83					
	,**			03					
				84	City	The state of the s	FL	5 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-	named cord	poration submits this statement for the pation's board of directors. I hereby accept	,	anging its registered	
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligat	f Florida. Such change was a ions of, Section 607.0505, Flo	authorize orida Sta	d by tutes.	the corporal	tion's board of directors. I hereby accep	the appoint	ment as registered	
SIGNATURE	Signature, typed or printed name of registered agent		E: Registere	d Agen	t signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS IN 12	
TITLE	PO	☐ DELETE	1.1 Ti	ITLE	}			Change	
NAME	D <b>E</b> LISI, JOHN F.			1.2 NAME					
STREET ADDRESS	1\$18 SE 12TH TERRACE		1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 C	ITY-ST	- ZIP		·		
TITLE	8	☐ DELETE	ETE 2.1 TIT			900022 -07/24/ ****16		Orași o Adulia	
NAME	DELISI, HILDA F		2.2 N	2.2 NAME		ግሀ ( / ሬዓ/ ቁቁቁቁ 10	⊒ (∩O ;	յք[~~Ալկ ԽահահԸՐ ՈՐ	
STREET ADDRESS	1318 SE 12TH TERRACE		2.3 ST		ODRESS	*****ID	י טט.כ	****165.UU	
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CITY - ST - ZIP		-ZIP				
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NAME	23M-1		3.2 N	AME				ļ	
STREET ADDRESS			3.3 S	TREET A	ODRESS				
CITY-ST-ZIP			_	CITY-ST	- 2iP		····		
TITLE		DELETE	4.1 Ti	ITLE				Change	
NAME "			4. 2 N	AME					
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CITY-ST-ZIP			_	TY-ST-	- ZIP				
TITLE		☐ DELETE	5.1 TI				L	Change	
NAME			5.2 N	AME				CONTROL OF	
STREET ADDRESS			5.3 \$	TREET A	DORESS				
CITY-ST-ZIP				ITY-ST-	- ZIP			73.30	
TITLE	er.	☐ DELETE	6.1 Ti				Ш	Change Addition	
NAME			6.2 N	AME				-100/10/1	
STREET ADDRESS			6.3 S	TREET A	DORESS			NIM.	
CITY-ST-ZIP	:		6.4 C	ITY-ST-	- ZIP			' 1'	

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.