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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

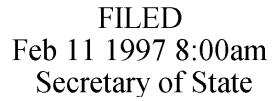
## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # L84876

(6)

DELCORP, INC.





Principal Place of Business Mailing Address							i abbirdis Sot ibris bindt Lavis Local Rein a	BIBLI ØIÐIL ÐI	#(1 <b>#</b> 1211 <b>#1</b> 81)	AIBIL IRO
13908 SHADY SHORES DR. TAMPA FL 33613-1900  TAMPA FL 33613-1900  TAMPA FL 33613-1900										
							3. Date Incorporated or Qualified 07/02/1990		te of Last F 3/1996	leport
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		A	pplied For
21		26					59-3055734		N	ot Applicable
Suite, Apt 22		27	pt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta		28 Crty & S	State 	··			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29		30 Cou	ntry			Yes [	] No	i. 199.032,
	g. Name and Address of Cu	urrent Registered Ag	ent				10. Name and Address of New Re	glatered /	lgent	
	rdon, Bruce H.			i	61	Name				
% SHUMAKER, LOOP & KENDRICK 101 E. KENNEDY BLVD. #2500					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
TAN	MPA FL 33602				83					
				l	84	City			<b>85</b> Zip	Code
						-		FL		<del> </del>
office or	t to the provisions of Sections 607 registered agent, or both, in the 3 am familiar with, and accept the 0	State of Florida. Such	change was	authorized	d by	the corporat	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of of the app	changing i ointment as	ts registered registered
SIGNATURE					·					
44	Signature, typed or printed name of register		3. (NOT		d Age	nt signature requir	red when reinstating)	DATE	DIDECTO	20 111 10
12.	D	S AND DIRECTORS	DELETE	13.	T) C	<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
NAME	MCNAMARA, DELLA L.		Land Detect	1.2 N/		- }			mi sumage	Abomon
STREET ADDRESS	TARRES BULLDU GUIGOPO BU	2				ADDRESS				
	TAMPA FL	11.		- 1		1				
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TITLE			DELETE	3.1 TV		ATT .		<u>"</u>	Change	Addition
NAME		'		3.2 N/					gs	
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP						ST-ZIP			•	
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NAME				4.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CI		- 1				
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NAME				5.2 N/		Ì				
STREET ADDRESS						ADDRESS				
	1					i				
CITY-ST-ZIP TITLE		,	DELETE	6,1 Tr	_	T-21P			Change	Addition
NAME				6.2 N		}				Lang / Wallington
						ADDRESS				
STREET ADDRESS						I				
CITY - ST - ZIP	•			■ 64 D	11 Y - S	T-ZIP ]				

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 on an attachment with an address

SIGNATURE: