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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46450 1. Corporation Name DELPHI PARTNERS INTERNATIONAL ASSOCIATION, INC.	(5)
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Principal Place of Business 1633 EAST VINE STREET 206 KISSIMMEE FL 34744 US	Mailing Address 1633 EAST VINE STREET 206 KISSIMMEE FL 34744 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GINKEL, KATHERINE C. 1633 EAST VINE STREET SUITE 206 KISSIMMEE FL 34744	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME DOLBOW, KATHRYN J. STREET ADDRESS 3044 S MILITARY TRAIL CITY-ST-ZIP LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME FRANK O. TARTAGLIA 1.3 STREET ADDRESS 30230 ORCHARD LAKE RD. STB 155 1.4 CITY-ST-ZIP FARMINGTON HILLS, MI 48334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ANDERSON, RAMONA STREET ADDRESS 335 TEEGARDEN ST CITY-ST-ZIP YUBA CITY CA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD 2.2 NAME Evelyn Hickey 2.3 STREET ADDRESS 3420 Executive #151 2.4 CITY-ST-ZIP AUSTIN, TX 78703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME NELSON, KENDALL STREET ADDRESS 446 S HWY 400 E CITY-ST-ZIP SALT LAKE CITY UT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DVP 3.2 NAME ROBERT CLARFIELD 3.3 STREET ADDRESS 420 SOUTH YORK ROAD 3.4 CITY-ST-ZIP HATBORO, PA 19040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT NAME GINKEL, KATHERINE C STREET ADDRESS 5306 FOREST BREEZE COURT CITY-ST-ZIP ST. CLOUD FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ENIS, ERIC STREET ADDRESS 3005 DOUGLAS AVE CITY-ST-ZIP TOLEDO OH	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine C. Ginkel* *3-6-98* *407-233-1101*

CR2E037 (10/97)