

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005424 (6)**

1. Corporation Name

**THE DANIEL W. DIETRICH II TRUST, INC.**



Principal Place of Business <b>790 HIGHWAY A1A VERO BEACH FL 32963</b>	Mailing Address <b>790 HIGHWAY A1A VERO BEACH FL 32963-2511</b>
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3. Date Incorporated or Qualified <b>10/31/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>65-0532586</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DIETRICH, DANIEL W II 790 HIGHWAY A1A VERO BEACH FL 32963</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE <b>DIETRICH, DANIEL W II</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIETRICH, DANIEL W II</b>	1.2 NAME	
STREET ADDRESS	<b>790 HIGHWAY A1A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE <b>CONNOLLY, JOSEPH J</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNOLLY, JOSEPH J</b>	2.2 NAME	
STREET ADDRESS	<b>836 BUCK LANE</b>	2.3 STREET ADDRESS	<b>1609 WANERLY ROAD</b>
CITY-ST-ZIP	<b>HAVERFORD PA 19041</b>	2.4 CITY-ST-ZIP	<b>GLADWYNE, PA 19035</b>
TITLE	D <input type="checkbox"/> DELETE <b>FOXMAN, STEPHEN M</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOXMAN, STEPHEN M</b>	3.2 NAME	
STREET ADDRESS	<b>8205 SEMINOLE AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19118</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* X **4/15/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0020886

CR2E037 (9/96)