


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N9600005741**  
1. Corporation Name  
**Delray Central House Group Inc.**

Principal Place of Business  
**3667 S. Federal Hwy  
Gulfstream Mall  
Boynton Beach, FL 33483**

Mailing Address  
**P.O. Box 2171  
Delray Beach, FL 33444**

3. Date incorporated or qualified  
**11/08/96**

4. FEI Number  
**65-0708528**

Applied For  
☐ Yes ☒ Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year ~~franchise~~ Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**Mark Zamm  
2750 Webb Ave Unit 105  
Delray Beach, FL**

10. Name and Address of New Registered Agent  
81 Name **FRANK VONDER LANCKEN**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**525 NW 7th CT**  
83  
84 City **Boynton Beach** FL 85 Zip Code **33426**

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  DATE **3/5/98**

(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	Frank von der Lancken	
STREET ADDRESS	15074 W. Tracy Rd, 101C	
CITY-ST-ZIP	Delray Beach FL 33484	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Pamela Day	
STREET ADDRESS	3768 Edgar Ave	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	Mark Zamm	
STREET ADDRESS	2750 Webb Ave Unit 105	
CITY-ST-ZIP	Delray Beach FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	Dulce Grandin	
STREET ADDRESS	54 S.E. 9th Ave Apt 5	
CITY-ST-ZIP	Delray Beach, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Mavreen Fitzsimmons	
STREET ADDRESS	2861 S. Seacrest Blvd Apt. 68	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank von der Lancken	
1.3 STREET ADDRESS	525 NW 7th CT	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Raymond Penno	
3.3 STREET ADDRESS	108 S.E. 31 Ave	
3.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
4.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dulce Grandin	
4.3 STREET ADDRESS	8671 SE 28 Cir. Box #53B	
4.4 CITY-ST-ZIP	Boynton Beach FL 33435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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**DE 3/12**

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:  DATE **3/5/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1097)