FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02512 (2)

1. Corporation Name
THE DALT FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3010 SW 14TH STE 7 BOYNTON BEACH FL 33447 US	P.O. BOX 1180 DELRAY BEACH FL 33444 US

3. Date Incorporated or Qualified: 06/25/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 South Federal Hwy.	26 P.O. Box 155
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27
City & State 23 Boynton Beach	City & State 28 Bay Head NJ.
Zip 24 33435 Country 25 USA	Zip 29 08742 Country 30 USA

4. FEI Number: 22-2481535 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEINER, MICHAEL S., ESQ. 102 N. SWINTON AVE. DELRAY BCH FL 33483	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, ROBERT B. JR	1.2 NAME	
STREET ADDRESS	12 BANYAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	☑ Change ☐ Addition
NAME	O'BRIEN, ROBERT B. III	2.2 NAME	
STREET ADDRESS	234 NW 11TH ST.	2.3 STREET ADDRESS	12 BANYAN RD
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	GULF STREAM FL 33483
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, SARAH L.	3.2 NAME	
STREET ADDRESS	12 BANYAN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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.

SIGNATURE: Robert B O'Brien Jr 4/24/95 908-892 1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438311 FF