

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18112 (3)**
1. Corporation Name
DELRAO, INC.



Principal Place of Business: **1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7334**
Mailing Address: **1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7334**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **02/24/1988**
3a. Date of Last Report: **04/18/1995**
4. FID Number: **59-0801364**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Factor 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 Statute: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**COFAR, LAWRENCE J., ESQ.
915 MIDDLE RIVER DRIVE, SUITE 506
FORT LAUDERDALE FL 33304**

81. Name
82. Street Address (P.O. Box Number Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, Florida Statute, 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. Thereby, accept the appointment as registered agent, and familiar with and accept the obligations of Section 607.0603, Florida Statute.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P	TITLE	D
NAME	O'CONNELL, MARY K	NAME	POLCARI, RICHARD
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #201	STREET ADDRESS	1470 SOUTH OCEAN BLVD. # 702
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	D	TITLE	
NAME	GENNINGS, VINCENT	NAME	
STREET ADDRESS	1470 S OCEAN BLVD #901	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	DOLAN, NANCY K.	NAME	
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #1002	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BLASER, JOHN	NAME	
STREET ADDRESS	1470 S OCEAN BLVD #703	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	JENSEN, ELISABETH	NAME	
STREET ADDRESS	1470 S. OCEAN BLVD #603	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	KELLER, MARGARET	NAME	
STREET ADDRESS	1470 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct in all respects, except as otherwise stated in Section 119.07(3)(b), Florida Statute, and further certify that the information indicated on this statement is not an application for annual report. I, the undersigned, shall have the same legal effect as if made under oath, that I am an officer or director of this corporation, that the names of the officers and directors are printed on the report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if changed, or on an addition form with a check.

SIGNATURE: *Mary K. O'Connell* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-96 954-941-7159

CR2E034 (12/95)