

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18112 (3)

1. Corporation Name
DELRADO, INC.

Principal Place of Business 1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7334	Mailing Address 1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7374
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
	29
	30

3. Date Incorporated or Qualified 02/24/1988	3a. Date of Last Report 04/15/1996
4. FEI Number 59-0801364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COFAR, LAWRENCE J., ESQ.
 915 MIDDLE RIVER DRIVE, SUITE 506
 FORT LAUDERDALE FL 33304**

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
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	POLCARI, RICHARD
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #702
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JENNINGS, VINCENT
STREET ADDRESS	1470 S OCEAN BLVD #901
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	DOLAN, NANCY K.
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #1002
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BLASER, JOHN
STREET ADDRESS	1470 S OCEAN BLVD #703
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	JENSEN, ELISABETH
STREET ADDRESS	1470 S. OCEAN BLVD #603
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KELLER, MARGARET
STREET ADDRESS	1470 S. OCEAN BLVD.
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY K. O'CONNELL
1.3 STREET ADDRESS	1470 So. Ocean Blvd # 201
1.4 CITY-ST-ZIP	POMPANO Beach, FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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

SIGNATURE: John P. Blaser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)