

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

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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



Principal Place of Business <b>1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7334</b>	Mailing Address <b>1470 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062-7334</b>
--------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/24/1988</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-0801364</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>COFAR, LAWRENCE J., ESQ. 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POLCARI, RICHARD</b>	<input checked="" type="checkbox"/>	1.2 NAME		
STREET ADDRESS	<b>1470 SOUTH OCEAN BLVD. #702</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENNINGS, VINCENT</b>	<input checked="" type="checkbox"/>	2.2 NAME		
STREET ADDRESS	<b>1470 S OCEAN BLVD #901</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOLAN, NANCY K.</b>	<input checked="" type="checkbox"/>	3.2 NAME		
STREET ADDRESS	<b>1470 SOUTH OCEAN BLVD. #1002</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLASER, JOHN</b>	<input checked="" type="checkbox"/>	4.2 NAME		
STREET ADDRESS	<b>1470 S OCEAN BLVD #703</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENSEN, ELISABETH</b>	<input checked="" type="checkbox"/>	5.2 NAME		
STREET ADDRESS	<b>1470 S. OCEAN BLVD #803</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		5.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KELLER, MARGARET</b>	<input checked="" type="checkbox"/>	6.2 NAME		
STREET ADDRESS	<b>1470 S. OCEAN BLVD.</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>		6.4 CITY-ST-ZIP		

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

SIGNATURE: *Elisabeth M. Jensen* 2/4/98 954-971-7659

CR2E034 (10/97)