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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18112

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 33062-7334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0801364	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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

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 checked="" type="checkbox"/> DELETE
NAME	POLCARI, RICHARD	
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #702	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, VINCENT	
STREET ADDRESS	1470 S OCEAN BLVD #901	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOLAN, NANCY K.	
STREET ADDRESS	1470 SOUTH OCEAN BLVD. #1002	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia O'Neil	
1.3 STREET ADDRESS	1470 South Ocean Blvd # 804	
1.4 CITY-ST-ZIP	Pompano Beach, FL	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Mulvihill	
2.3 STREET ADDRESS	1470 South Ocean Blvd # 1101	
2.4 CITY-ST-ZIP	Pompano Beach, FL	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARY K O'CONNELL	
3.3 STREET ADDRESS	1470 South Ocean Blvd # 201	
3.4 CITY-ST-ZIP	Pompano Beach, FL	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MICHAEL FELBER	
4.3 STREET ADDRESS	1470 South Ocean Blvd # 904	
4.4 CITY-ST-ZIP	Pompano Beach, FL	
5.1 TITLE	PRESIDENT	<input checked="" 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 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, with all other like empowered.

SIGNATURE: Elisabeth M. Jensen 1/27/99 954-941-7159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E034 (11/98)