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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21837

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DE LAND PLAZA, INC.

FILED Feb 04 1997 8:00am Secretary of State

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rnncipai mac	e or business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ONE COMMER 12TH & ORAN WILMINGTON	GE STREETS SUITE #718	ONE COMMERCE CEN 12TH & ORANGE STRI WILMINGTON DE 1980	EETS SUITE	#7 18	}				
						3. Date incorporated or Qualified 11/21/1988		te of Last F 09/1996	'
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	_I		pplied For
21		26				13-3123240			lot Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	6	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zıp	Count	try	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for		tax under s	
24	25 9, Name and Address of Curre	nt Registered Agent	30			Florida Statutes 10. Name and Address of New Re			
col	NCORD ASSETS GROUP		8	31	Name	10. Hamb and Addition of Hotel the	3 10101001	180111	
	O TOWN CENTER, BOX 3053								
	CA RATON FL 33486		8	32	Street Addr	ess (P.O. Box Number is Not Acceptab	e)		
			8	33					
			£	34	City			85 Zip	Code
					J.,		FL	100	Couc
11. Pursuant	to the provisions of Sections 607 05	02 and 607,1508, Florida Sta	atutes, the abo	ove-	named corp	poration submits this statement for the p	urpose of	changing i	its registered
agent. La	rm familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statut	tes.	ne corporati	ion's board of directors. I hereby accep	or me app	אוזנוווטווג מנ	ı registered
SIGNATURE	<u></u>					*****			
12.	Signature Typed in printed name of registered ag	gent and tifle if applicable. (I ND DIRECTORS	NOTE: Registered #	Agent	signature requin	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COC AND	DIDECTO	DC IN 10
Titue	PD	DELETE	11 TITU	F	T	ADDITIONS/OFFANGES TO OFFIC	ENS AND	Change	
NAME	MANDOR, LEONARD		1 2 NAM						
STREET ADDRESS	5200 TOWN CTR, BOX 3053				DDRESS				
CITY-ST-ZIP	BOCA RATON FL		14 CITY						
TITLE	VTD	☐ DELETE	2 1 TITL	_	-			Change	Addition
NAME	MANDOR, ROBERT		22 NAM	1E					
STREET ADDRESS	5200 TOWN CTR, BOX 3053		23 STRE	EET AI	DDRESS				
CITY - ST - ZIP	BOCA RATON FL		2 4 CIT	Y-ST	-ZIP				
TITLE	S	☐ DELETE	31 TITL	E				Change	Addition
NAME	LEVINE, JOAN		32 NAM	1E					
STREET ADDRESS	5200 TOWN CTR, BOX 3053		3 3 STRE	EET A	DDRESS				
CITY - ST - ZIP	BOCA RATON FL		3.4. CITY		- ZiP				
TITLE		☐ DELETE	41 THTL					L Change	Addition
NAME			4 2 NAA						
STREET AUDRESS			4.3 STRE		i i				
CITY - ST - 7IP TITLE	774.11.4	DELETE	4.4 CITY 5.1 TITL		ZIP			Change	Addition
NAME		Fred Deckit	5.2 NAM					Lind Orlange	LLL MUNION
STHEET ADORESS			5.2 NAM 5.3 STRE		UDBESS				
CITY-\$1-7P			5 4 CITY						
TITLE		DELETE	6.1 TITL		<u>En</u>			Change	Addition
NAME			6.2 NAM			•	•		
STREET ADDRESS			6 3 STRE		DDRESS				
CITY-ST-ZIP			6.4 CITY						
			····						

14. It 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 supplier to ital annual report is fire 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or on a stachment with an address.

SIGNATURE:

1/28/97 (56)394-953