

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000009612 (2)**

1. Corporation Name
DEL HARBOR, INC.



Principal Place of Business
**260 LONG RIDGE ROAD
STAMFORD CT 06827**

Mailing Address
**DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06827-9621
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0384224	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 _____ (Signature typed or printed below of registered agent and the applicable (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, GARY J	12 NAME	
STREET ADDRESS	260 LONG RIDGE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSAMAN, DENNIS	22 NAME	
STREET ADDRESS	499 THORNALL ST	23 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08837	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, BRADLEY A	32 NAME	
STREET ADDRESS	1801 BLEVEDERE RD., #110E	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGWINKLE, MARY E	42 NAME	
STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, KAREN H	52 NAME	
STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERGER, JOHN M	62 NAME	
STREET ADDRESS	499 THORNALL ST.	63 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	64 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: *[Signature]* Gary J. Schulman 4-27-98 203 257-4524

CR2E034 (10/97)