FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P 93000028198(8)

1. Corporation Name

DELRAY/FIDOREO LS, INC.

Principal Place of Business	Mailing Address
First Fidelity Bancorporation c/o Dorothy A. Seery 550 Broad St., B55015 Newark, NJ 07102	First Fidelity Bancorporation c/o Dorothy A. Seery 550 Broad St., B55015 Newark, NJ 07102

3. Date Incorporated or Qualified: 4/15/93
3a. Date of Last Report: 1/31/94

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 58-2049822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/AS	11 TITLE	☐ Change ☐ Addition
NAME	Jerry, H. A.	12 NAME	
STREET ADDRESS	550 Broad Street	13 STREET ADDRESS	
CITY-ST-ZIP	Newark, NJ 07102	14 CITY-ST-ZIP	
TITLE	D/P	21 TITLE	☐ Change ☐ Addition
NAME	Murphy, Francis X.	22 NAME	TIS 4/4/95
STREET ADDRESS	550 Broad Street	23 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	24 CITY ST ZIP	
TITLE	D/VP	31 TITLE	☐ Change ☐ Addition
NAME	Slater, Robert L.	32 NAME	
STREET ADDRESS	570 Broad Street	33 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	Isoldi, Conrad J.	42 NAME	
STREET ADDRESS	570 Broad Street	43 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	Bicket, Patricia A.	52 NAME	
STREET ADDRESS	550 Broad Street	53 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	54 CITY ST ZIP	
TITLE	CTO	61 TITLE	☐ Change ☐ Addition
NAME	Blass, Paul J.	62 NAME	
STREET ADDRESS	123 So. Broad Street	63 STREET ADDRESS	
CITY ST ZIP	Philadelphia, PA 19109	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: P.A. Murphy, Asst. Sec. 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Date
F.X. MURPHY, Treas.