SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000051153 (3)

1. Corporation Name

DELMAR ENTERPRISES OF THE PALM BEACHES, INC.

Principal Place of Business
~~2700 6TH AVE SOUTH~~
~~LAKE WORTH FL 33461~~

Mailing Address
~~2700 6TH AVE SOUTH~~
~~LAKE WORTH FL 33461~~

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 08/30/1995
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
$8.75 Additional Fee Required
5. Certificate of Status Desired ☐
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

2. Principal Place of Business
21 5332 Lake Worth Rd
Suite, Apt. #, etc
22
City & State
23 Lake Worth, Fl
Zip 24 33463 Country 25 Palm Beach

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

9. Name and Address of Current Registered Agent

HIGHFIELD, DEL R
~~2700 6TH AVE. SOUTH~~
~~LAKE WORTH FL 33461~~

10. Name and Address of New Registered Agent
81 Name: Del R. Highfield
82 Street Address (P.O. Box Number is Not Acceptable): 5332 Lake Worth Road
83
84 City: Lake Worth FL 85 Zip Code: 33463

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HIGHFIELD, DEL R	
STREET ADDRESS	~~2700 6TH AVE. SOUTH~~	
CITY - ST - ZIP	~~LAKE WORTH FL 33461~~	
TITLE	D	☐ DELETE
NAME	HIGHFIELD, MARRILEE W	
STREET ADDRESS	~~2700 6TH AVE. SOUTH~~	
CITY - ST - ZIP	~~LAKE WORTH FL 33461~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Del R Highfield — 6-23-96 — (561) 965-1653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #