FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT 1. Corporation Name	#

P94000004945 (9)

DELACO, INC.

CITY-ST-ZIP

SIGNATURE:

Principal Plac	ce of Business	Mailing Add	ress				The state of the s			
PO BOX 2 SUITE O-3		P O BOX Suite o-								
PONTE VE US	EDRA BEHAC FL 32082		PONTE VEDRA BEHAC FL 32082 US				3. Date Incorporated or Qualified 3a. Date of Last Report			
US		03					01/21/1994	06/16/1995		
2. Principal I	Place of Business	2a. Mailing A	Address				4. FEI Number		+	oplied For
21		26					65-0462850			lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.		ot. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & Sta			City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Ζφ	Country	Zip		Coun	itry		8. This corporation has liability for		ax under s	199.032,
24	[25]	29		30				□ No	Acont	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curr	ent Registered Ag	ent	,	81	Name	10. Name and Address of New F	เคลิเลเคเด	Agent	· · · · · · · · · · · · · · · · ·
	MAN EDANG D			L					<i>,</i>	
	Man, Frank D Brickell key Dr			1	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	E O-305			ļ.	83					
	I FL 33131			ļ.,					les l 7ir	Code
1110 3(4)	112 00 10 1			,	84	City		FL	85 Zip	Code
or regist familiar SIGNATURE	with, and accept the obligations of, Se	ection 607.0505, Flo	rida Statutes.			oration's board	d of directors. I hereby accept the app	DATE	registered	agent. (an)
12.		AND DIRECTORS	Ų,o,,	13.	79	. vg mo v ods os	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	DP		DELETE	1.1 (1)	ΓLE				Change	■ Addition
NAME	ADAMS, LAWRENCE			1.2 NAM	ME					
STREET ADDRES				1.3 STF	REET.	ADDRESS				
City-St-ZiP	PONTE VEDRA BEACH FL			1.4 CIT		T - ZIP			Change	- Addition
TITLE	DVS	-) DELETE	2 1 111					Change	☐ Addition
NAME	ADAMS, DELORES JOAN 971 SPINNACKERS REAC			2.2 NA		*DDDEÇÇ				
STREET ADDRES	PONTE VEDRA BEACH FL			2.3 STF		ADDRESS				
CITY-ST-ZIP TITLE	PONTE VEDRA BEACH TE		DELETE	3. 1 TIT		11 - EM			Change	Addition
NAME		-		3.2 NA	ME					
STREET ADORES	ss I			3 3. \$1	REET	r address				
CITY-ST-ZIP				3.4 CIT	[Y - S	iT-ZIP				
TULE] DELETE	4 1 TI	TLE				Change	Addition
NAME				4.2 NA						
STREET ADDRES	58			1		ADDRESS				
1				4.4 CIT	TY - \$	ST-ZIP				Addition
CITY-ST-ZIP	·	· · ·	T DELETE	C 4 747	TLE				[[Channe	
THILE) DELETE	5. 1 T()					☐ Change	
THLE NAME) DELETE	5.2 NA	ME	Annesse			∐ Change	
THLE NAME STREET ADDRES	ass .) DELETE	5.2 NA 5.3 ST	.me Reet	ADDRESS			[Change	
TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			5.2 NA 5.3 STI 5.4 CIT	ME REET TY-S				Change	Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	55] DELETE	5.2 NA 5.3 ST	ime Reet Ty-s Tle					_
TITLE NAME STREET ADDRES CITY-ST-ZIP				5.2 NA 5.3 ST/ 5.4 C/T 6. 1 T/ 6.2 NA	ME REET TY-S TLE					_

64 CITY - ST - ZIP 14. Ido 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 cath; that I am an officer or afrectory if he corporation or the region 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 agratuach point withy an address.