

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

FILED
Apr 17 1997 8:00am
Secretary of State

DOCUMENT # P95000051382 (6)

1. Corporation Name

DELRAY BEACH INSTITUTE, INC.



Principal Place of Business

4055 BLUE SAGE PATH
BOYNTON BEACH FL 33436

Mailing Address

4055 BLUE SAGE PATH
BOYNTON BEACH FL 33436-3028

2. Principal Place of Business

21 112 SW 1ST AVE
Suite, Apt. #, etc.

22 DELRAY BEACH
City & State

23 FLORIDA
City & State

24 33444
Zip

25 P.B.
Country

2a. Mailing Address

26 112 SW 1ST AVE
Suite, Apt. #, etc.

27 DELRAY BEACH
City & State

28 FLORIDA
City & State

29 33444
Zip

30 P.B.
Country

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0593741

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

POLI, CATHERINE
4055 BLUE SAGE PATH
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

82 St

83

84

FL

85

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 the provisions of the Florida Statutes.

SIGNATURE

Signature of the name of registered agent and block applicable

Signature of registered agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POLI, CATHERINE
STREET ADDRESS 4055 BLUE SAGE PATH
CITY - ST - ZIP BOYNTON BEACH FL 33436

TITLE ☐ DELETE

NAME V
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

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 502 RYE LANE
1.4 CITY - ST - ZIP DELRAY BEACH FL 33444

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME NORBERT POLI
2.3 STREET ADDRESS 502 RYE LANE
2.4 CITY - ST - ZIP DELRAY BEACH FL 33444

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

14. I 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 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:

Norbert Poli V.P. NORBERT POLI 4/8/97 561 276 6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)