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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000052534 (0)

1. Corporation Name  
DEL ASSOCIATES, INC.

Principal Place of Business  
6390 INDIANTOWN ROAD  
STE 30  
JUPITER FL 33458

Mailing Address  
6390 INDIANTOWN ROAD  
STE 30  
JUPITER FL 33458-7879



3. Date Incorporated or Qualified  
06/18/1996

3a. Date of Last Report

2. Principal Place of Business  
21 12768 165 ROAD NORTH  
Suite, Apt. #, etc.

2a. Mailing Address  
26 12768 165 ROAD NORTH  
Suite, Apt. #, etc.

4. FEI Number  
65 0728826

Applied For  
Not Applicable

22 City & State  
23 JUPITER FLORIDA

27 City & State  
28 JUPITER FLORIDA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 33478 25 FLORIDA

29 33478 30 FLORIDA

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

GUMSON, ADAM S ESQ.  
6390 INDIANTOWN ROAD  
STE 30  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name EDWARD J. SCOTT  
82 Street Address (P.O. Box Numbers Not Acceptable)  
12768 165 ROAD NORTH  
83  
84 JUPITER FL 85 33478

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 *Sandra B. Mortham*  
Signature, typed or printed name of registered agent and title if applicable.

DATE 3/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, EDWARD J	
STREET ADDRESS	12768 165TH ROAD NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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: *Edward J. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/97

(561) 745-0063

Date Daytime Phone #

CR2E034 (9/96)