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
May 09 1997 8:00 am
Secretary of State

DOCUMENT # P96000065094

1. Corporation Name
DELCORP MARKETING, INC.

Principal Place of Business
1230 DOUGLAS AVE #302
LONGWOOD, FL. 32779

(OLD ADDRESS)

Mailing Address
1230 DOUGLAS AVE #302
LONGWOOD, FL. 32779

3. Date Incorporated or Qualified: 7/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 801 W. STATE RD. 436
22 Suite, Apt. #, etc. SUITE 2203
23 City & State ALTAMONTE SPRINGS
24 Zip 32714 25 Country SEMINOLE

2a. Mailing Address
26 801 W. STATE RD. 436
27 Suite, Apt. #, etc. SUITE 2203
28 City & State ALTAMONTE SPRINGS
29 Zip 32714 30 Country SEMINOLE

4. FEI Number: 59-3432437 ☐ 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

AMERICAWYER CHARTERED
343 ALMERIA AVE.
CORAL GABLES, FL. 33134

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☑ DELETE	1.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	AMERICA MARIAROSSI		1.2 NAME	GARY MARIAROSSI	
STREET ADDRESS	436 RIDGEWOOD ST.		1.3 STREET ADDRESS	436 RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE	PRESIDENT	☑ DELETE	2.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	KRISTINE BRINKMANN		2.2 NAME	GARY MARIAROSSI	
STREET ADDRESS	210 ALPINE ST		2.3 STREET ADDRESS	#36 RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE	SECRETARY	☑ DELETE	3.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	KRISTINE BRINKMANN		3.2 NAME	GARY MARIAROSSI	
STREET ADDRESS	210 ALPINE ST.		3.3 STREET ADDRESS	436 RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE	TREASURER	☑ DELETE	4.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	KRISTINE BRINKMANN		4.2 NAME	GARY MARIAROSSI	
STREET ADDRESS	210 ALPINE ST.		4.3 STREET ADDRESS	436 RIDGEWOOD ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

cc 5/16

500002175515
-05/12/97--01133--049
***173.75

CR2E034 (9/96)

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: _____ GARY MARIAROSSI 5/1/97 (407) 869-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #