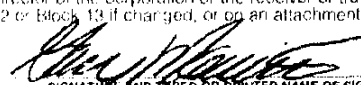


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00 am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000065094 1. Corporation Name DELCORP MARKETING, INC.			
Principal Place of Business 1230 DOUGLAS AVE # 302 LONGWOOD, FL. 32779		Mailing Address 1230 DOUGLAS AVE # 302 LONGWOOD, FL. 32779	
2. Principal Place of Business 801 W. STATE RD. 436 Suite, Apt. #, etc. SUITE 2203 City & State ALTAMONTE SPRINGS Zip 32714		2a. Mailing Address 801 W. STATE RD. 436 Suite, Apt. #, etc. SUITE 2203 City & State ALTAMONTE SPRINGS Zip 32714	
23. City & State ALTAMONTE SPRINGS		28. City & State ALTAMONTE SPRINGS	
24. Zip 32714		29. Zip 32714	
25. Country SEMINOLE		30. Country SEMINOLE	
9. Name and Address of Current Registered Agent AMERICAN 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 _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE DIRECTOR 1.2 NAME PAMELIA MARIAROSS 1.3 STREET ADDRESS 436 RIDGEWOOD ST. 1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 2.1 TITLE PROSIDENT 2.2 NAME KRISTINE BRINKMANN 2.3 STREET ADDRESS 210 ALPINE ST 2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 3.1 TITLE SECRETARY 3.2 NAME KRISTINE BRINKMANN 3.3 STREET ADDRESS 210 ALPINE ST. 3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 4.1 TITLE TREASURER 4.2 NAME KRISTINE BRINKMANN 4.3 STREET ADDRESS 210 ALPINE ST. 4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DIRECTOR 1.2 NAME GARY MARIAROSS 1.3 STREET ADDRESS 436 RIDGEWOOD ST. 1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 2.1 TITLE PROSIDENT 2.2 NAME GARY MARIAROSS 2.3 STREET ADDRESS 436 RIDGEWOOD ST. 2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 3.1 TITLE SECRETARY 3.2 NAME GARY MARIAROSS 3.3 STREET ADDRESS 436 RIDGEWOOD ST. 3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701 4.1 TITLE TREASURER 4.2 NAME GARY MARIAROSS 4.3 STREET ADDRESS 436 RIDGEWOOD ST. 4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32701	
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 charged, or on an attachment with an address.		500002175515 -05/12/97--01133--049 ***173.75	
SIGNATURE:  GARY MARIAROSS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 5/1/97 (407) 869-1688 Daytime Phone #	

CR2E034 (9/96)