

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080498 (4)
 1. Corporation Name
DIELPHIDA, INC.



Principal Place of Business 708 PAWNEE ST JUPITER FL 33458	Mailing Address 708 PAWNEE ST JUPITER FL 33458-5668
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3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report NONE
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2. Principal Place of Business 21 7918 W. Sample Rd	2a. Mailing Address 26 7918 W. Sample Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CORAL SPRINGS FL	28 City & State Coral Springs FL
24 Zip 33065	25 Country Broward
29 Zip 33065	30 Country Broward

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BOLLMAN, EDNA
708 PAWNEE ST
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Edna Bollman
82 Street Address (P.O. Box Number is Not Acceptable) 3250 NW 85th AV #14
83
84 City Coral Springs FL
85 Zip Code 33065

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 Edna Bollman DATE **4/21/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLLMAN, EDNA	
STREET ADDRESS	708 PAWNEE ST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME	BOLLMAN, Philip Sr	
STREET ADDRESS	3250 NW 85th AV #14	
CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bollman, Edna	
1.3 STREET ADDRESS	3250 NW 85th AV #14	
1.4 CITY-ST-ZIP	Coral Springs FL 33065	
2.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bollman, Philip Sr.	
2.3 STREET ADDRESS	3250 NW 85th AV #14	
2.4 CITY-ST-ZIP	Coral Springs FL 33065	
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 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 Edna Bollman DATE **4/21/97**

CR2E034 (9/96)