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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093042 (5)

DELLA, INC.

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address												18 1191 1991	
						CEAN BOULEVARD							
PALM BEACH FL 33480				PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE			
										3. Date Incorporated or Qualified			
				<b>.</b>						11/08/1996			
2. Principal Place of Business				2a. Mailing Address						4. FEI Number 65-07/8720	_ <del></del>	plied For	
Suite Apt # etc				Suite, Apt #, etc.						APPLIED FOR		t Applicable	
Suite, Apt. #, etc				27						5. Certificate of Status Desired	Fee Re	Additional equired	
City & State				City & State						6. Election Campaign Financing \$5.00 May Be			
23				28						Trust Fund Contribution Added to Fees			
Zip Country			Z <sub>IP</sub> Country						8. This corporation owes or has paid the current year Intangible				
24	25 9. Name and Address of Current			29				Personal Property Tax due June 30.					
			s of Current	Hegisti	ered Agent		81	Nan		10. Name and Address of New Registered Age	,nt		
	UNICK, DEL		450				82						
1450 S. OCEAN BOULEVARD PALM BEACH FL 33480								Stre	Street Address (P.O. Box Number is Not Acceptable)				
							83						
							_	-					
							84	City		FL <sup> </sup>	35   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												<b></b>	
	Signature, typed o		it registered report FICERS AND			(NOTE: Re		ant signa	ture require	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DI	DECTOR	<u>- 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>	
12. TITLE	D	City City	LICENS AND	DIMEG	DELI	FIF	13. 1.1 TOTLE		<del></del>		Change	Addition	
NAME	_	K, DELLA					1.2 NAME						
STREET ADDRESS		OCEAN BO	DULEVARD				1.3 STREET	ADDRES	s			{	
CITY-ST-ZIP		EACH FL 3					1.4 CITY - S					[ ]	
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CITY-ST-ZIP					——————————————————————————————————————		2. 4 CITY-	ST - ZIP			Charac	1220000	
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CITY-ST-ZIP							4.4 CITY-S	ST-ZIP					
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CITY-ST-ZIP							5.4 CITY - 9	1 - ZIP			0	1.000	
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NAME							6.2 NAME						
STREET ADDRESS	ļ						6.3 STREET		SS				
CITY-ST-ZIP	<u> </u>						6.4 CITY - S	SI - ZIP			<del></del>		

I 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/1/98

212/582-8111