

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 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 # F92139 (7)
 1. Corporation Name
MARKBOROUGH DELAWARE INVESTMENTS INC.



Principal Place of Business TWO MILL ROAD P. O. BOX 4679 WILMINGTON DE 19807 US	Mailing Address TWO MILL ROAD P. O. BOX 4679 WILMINGTON DE 19807 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/21/1982	3a. Date of Last Report 02/28/1996
4. FEI Number 59-2250796	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WREN, WILLIAM	
STREET ADDRESS	TWO MILL ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, MARTIN B.	
STREET ADDRESS	180 WARDOUR ST.	
CITY-ST-ZIP	LONDON EN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHURR, JAMES R.	
STREET ADDRESS	TWO MILL ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, ALAN M.	
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO ON	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROFT, IAN D.	
STREET ADDRESS	65 QUEEN STREET WEST	
CITY-ST-ZIP	TORONTO ON	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORBIN, STUART N.	
STREET ADDRESS	180 WARDOUR ST.	
CITY-ST-ZIP	LONDON EN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block -13 if changed, or in an attachment with an address.

SIGNATURE: *James R. Schurr* James R. Schurr 7/22/97 302-594-4700

CFR2E034 (4/97)