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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:33

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847449 (6)

1. Corporation Name
DELTA BALTIMORE, INC.

Principal Place of Business VILLAGE OF CROSS KEYS, STE. 212 VILLAGE SO II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210	Mailing Address VILLAGE OF CROSS KEYS, STE. 212 VILLAGE SO II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, ETC.	Suite, Apt. #, ETC.
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1980	3a. Date of Last Report 04/14/1994
4. FEI Number 52-1159401	Applied For <input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1908, 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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	PEARLSTONE, RICHARD L
STREET ADDRESS	VILL OF CROSS KEYS, #212
CITY, ST, ZIP	BALTIMORE MD
TITLE	PT
NAME	WILDER, EMANUEL L
STREET ADDRESS	VILL OF CROSS KEYS, #212
CITY, ST, ZIP	BALTIMORE MD
TITLE	D
NAME	WILDER, EMANUEL L
STREET ADDRESS	VILL OF CROSS KEYS #212
CITY, ST, ZIP	BALTIMORE MD
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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: **ELW** Emanuel L. Wilder, President **1/2/95** (410) 532-2263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR