

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847449 (6)

1. Corporation Name
DELTA BALTIMORE, INC.



Principal Place of Business: **VILLAGE OF CROSS KEYS, STE. 212 VILLAGE SQ II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210**
Mailing Address: **VILLAGE OF CROSS KEYS, STE. 212 VILLAGE SQ II STE 212 VILG OF CROSS KEYS BALTIMORE MD 21210**

3. Date Incorporated or Qualified: **11/10/1980**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **52-1159401** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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 **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLSTONE, RICHARD L.	1.2 NAME	Pearlstone, Richard L.
STREET ADDRESS	VILL. OF CROSS KEYS, #212	1.3 STREET ADDRESS	Village of Cross Keys, Suite 212
CITY - ST - ZIP	BALTIMORE MD	1.4 CITY - ST - ZIP	Baltimore, Maryland 21210
TITLE	PT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDER, EMANUEL L.	2.2 NAME	Esther S. Pearlstone
STREET ADDRESS	VILL. OF CROSS KEYS, #212	2.3 STREET ADDRESS	Village of Cross Keys, Suite 212
CITY - ST - ZIP	BALTIMORE MD	2.4 CITY - ST - ZIP	Baltimore, Maryland 21210
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Asst. S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILDER, EMANUEL L.	3.2 NAME	Cheryl Stevenson
STREET ADDRESS	VILL. OF CROSS KEYS #212	3.3 STREET ADDRESS	Village of Cross Keys, Suite 212
CITY - ST - ZIP	BALTIMORE MD	3.4 CITY - ST - ZIP	Baltimore, Maryland 21210
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800001828888
STREET ADDRESS		5.3 STREET ADDRESS	-05/20/96--01036--010
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *R-L-P*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Pearlstone, Pres.

4/30/96

532-2263

CR2E034 (12/95)