

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 # **G37139** (4)

1. Corporation Name
DELTA BUILDERS, INC.



Principal Place of Business: 15603 84TH AVE N, POST OFFICE BOX 15293, WEST PALM BEACH FL 33416-2293
Mailing Address: P. O. BOX 15293, WEST PALM BEACH FL 33416-5293, US

3. Date Incorporated or Qualified: 05/04/1983
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2369604
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 (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WOOSTER, ROBERT A
15603 84TH AVE N
PALM BCH GRDNS FL 33418

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 607.1505, 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	PDT	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOSTER, ROBERT A		2. NAME		
STREET ADDRESS	15603 84TH AVE N		3. STREET ADDRESS		
CITY, ST, ZIP	PALM BEACH GRDNS FL		4. CITY, ST, ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOSTER, ROBERT A		6. NAME		
STREET ADDRESS	15603 84TH AVE N		7. STREET ADDRESS		
CITY, ST, ZIP	PALM BEACH GRDNS FL		8. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY, ST, ZIP			12. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY, ST, ZIP			16. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY, ST, ZIP			20. 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 on an attachment with an address.

SIGNATURE: *[Signature]* Date: 8/4/96
Signature and Typed or Printed Name of Signing Officer or Director: _____ Date: 8/4/96
Dual Date: 407-697-2239

CR2E034 (12/95)