

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

APPROVED

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DEC 26 11 43 02

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **K95385 (6)**

1. Corporation Name
RIVER DELTA, INC.

Principal Place of Business: **97 STAPLETON DR. % JOHN CULLY ETOBICOKE ONTARIO CA MPR3A-5**

Mailing Address: **97 STAPLETON DR. % JOHN CULLY ETOBICOKE ONTARIO CA MPR3A-5**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 04/25/1995
4. FEI Number 98-0103471	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**WENZEL, KENNETH A.
C/O OSBORNE, HANKINS, MACLAREN & REDGRAVE
700 S FEDERAL HWY STE 200
BOCA RATON FL 33432**

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLY, JOHN A.	1.2 NAME	
STREET ADDRESS	97 STAPLETON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9R3A-5	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JOHN M.	2.2 NAME	
STREET ADDRESS	1681 CHESTER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDON, ONTARIO CA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

000001797070

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)(A), 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: *John A. Cully* JOHN A. CULLY Date: *April 24/1996* (416) 241-8735

CR2E034 (12/95)

WSD 4/24/96

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

2-2



RECEIVED
96 APR 26 PM 3:21
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032
REFERENCE : 933441 05922A
AUTHORIZATION : *Patricia Pizich*
COST LIMIT : \$ 200.75

ORDER DATE : April 26, 1996

ORDER TIME : 12:48 PM

ORDER NO. : 933441

CUSTOMER NO: 05922A

CUSTOMER: Mr. John A. Cully
Cherry Post Developments, Ltd.
97 Stapleton Drive
Etobicoke, Ontario
Can, M9R 3A5

ANNUAL REPORT FILING

NAME: RIVER DELTA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: _____

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

APR 26 1996 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # 725173
1. Corporation Name
FLORIDA COUNCIL OF HANDICAPPED ORGANIZATIONS, INK.

Principal Place of Business Mailing Address
**2210 WARREN JERNIGAN PL
PENSACOLA, FL. 32514**

**2210 WARREN JERNIGAN PL -
PENSACOLA, FL. 32514**

3. Date Incorporated or Qualified **01/03/1973** 3a. Date of Last Report **5/30/1995**
4. FE# Number **59-1684245** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**WARREN JERNIGAN
2210 WARREN JERNIGAN PL.
PENSACOLA, FL. 32514**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. **Provided** OFFICERS AND DIRECTORS

TITLE DELETE
NAME **JERNIGAN, WARREN**
STREET ADDRESS **2210 WARREN JERNIGAN PL.**
CITY - ST - ZIP **PENSACOLA, FL. 32514**

TITLE DELETE
NAME **Treasurer**
STREET ADDRESS **ORR, JANE**
CITY - ST - ZIP **9560 RENEY**

TITLE DELETE
NAME **P. HAYNES, TOM**
STREET ADDRESS **1709 AMATHAN DR.**
CITY - ST - ZIP **TALLAHASSEE, FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

21. TITLE Change Addition
22. NAME **Treasurer**
23. STREET ADDRESS **ORR, JANE**
24. CITY - ST - ZIP **145 West 6th St.
JACKSONVILLE, FL. 32206**

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

41. TITLE Change Addition
42. NAME **600001797146**
43. STREET ADDRESS **-04/29/96--01008--014**
44. CITY - ST - ZIP *******68.45 *****58.45**

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

61. TITLE Change Addition
62. NAME **600001797146**
63. STREET ADDRESS **-04/29/96--01008--015**
64. CITY - ST - ZIP *******1.55 *****1.55**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Re Warren Jernigan* **4-25-96** ⁹⁰⁴ **477-8876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)