

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 30 AM 8:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K95385 (6)

1. Corporation Name
RIVER DELTA, INC.



Principal Place of Business: **97 STAPLETON DR. % JOHN CULLY ETOBICOKE ONTARIO CA M9R3A-5**
Mailing Address: **97 STAPLETON DR. % JOHN CULLY ETOBICOKE ONTARIO CA M9R3A-5**

3. Date Incorporated or Qualified: **06/14/1989**
3a. Date of Last Report: **04/26/1996**
4. FEI Number: **98-0103471**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State: 22, 27, 28
Zip: 24, 29 (M9R3A5)
Country: 25, 30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CULLY, JOHN A	
STREET ADDRESS	97 STAPLETON DRIVE	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9R3A-5	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIDSON, JOHN M	
STREET ADDRESS	1681 CHESTER DR.	
CITY-ST-ZIP	CALEDON, ONTARIO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002159623--1
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 reporter 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: _____ DATE: **April 28 1997** DAYTIME PHONE #: **416 241 8735**

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 348121 85922A

AUTHORIZATION : *Patricia Kyzus*

COST LIMIT : \$ 173.75

ORDER DATE : April 29, 1997

ORDER TIME : 2:54 PM

ORDER NO. : 348121-005

CUSTOMER NO: 85922A

CUSTOMER: Mr. John A. Cully
Cherry Post Developments, Ltd.
97 Stapleton Drive
Etobicoke
Ontario, CN 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: Todd Sterzoy

EXAMINER'S INITIALS: _____

RECEIVED
97 APR 29 PM 4:23
DIVISION OF CORPORATION