Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90070 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D 0 0 1 11	AENT II						
1. Corporation	MENT # 265548	}					
7. Corporation	Name						
A&IVI	DEO/DELTA T.V., INC.				3 188118 14818 18118 18118 18118 18118 18118 1811	ar oran Ara ri Didir D	(B)(B)()((BB)
							EL 61511 IEE
Principal Place	of Rusiness	Mailing Address				ii sibii disii dibii ei	ieli eleli leel
-							
8741 SW 129 ST 8741 SW 129 ST MIAMI FL 33176 MIAMI FL 33176							
MINIMI I E COTTO					DO NOT WRITE IN TH	IS SPACE	 1
					3. Date Incorporated or Qualifed		
					12/27/1962 4. FEI Number	- I Ani	plied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-1026737	<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	π, o.c	27			5. Certifcate of Status Desired	Fee Re	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		This corporation owes the current year		Ì
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	ad Agent	
SEKE	ER, ANTHONY II		Ľ				
8745 S.W. 183RD TERR			82	Street /	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33157			83		•		
						10-11-20-6	
			84	City	F	EL 85 Zip C	√ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named	corporation submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auf	thorized by	rne corpo	oration's board of directors. I hereby accept the ap	pointment as reg	Jistereo
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					_
SIGNATURE	Signature, typed or printed name of registered ag	<u> </u>	Registered Agen	t signature re	required when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
TITLE	PD ANTHONY II	□ DELE≀E	1.1 TITLE 1.2 NAME				
NAME	SEKER, ANTHONY II		1.3 STREET	ADDDEED			
STREET ADDRESS	8745 S.W. 183RD TERRACE						
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212		Change	Addition
TITLE	vstd Seker, Dianne		2.2 NAME				_
NAME STREET ADDRESS	OLIVER, DIAME		2.3 STREET	I ADDRESS			
CITY-ST-ZIP			2.4 CITY-S				
TITLE	WIFAHITE	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		<u> </u>	3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			•
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			Addition
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-212		☐ Change	Addition
TITLE		☐ DELETÉ	6.1 NAME				Land i NOCHOTT
NAME			J	TADDRESS			
STREET ADDRESS			0.0 STREE	HDDNESS :	1		

14. I 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 reports frue 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 recorder or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an artisciment with the address, with all other like empowered.

SIGNATURE: