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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660380

(7)

DELPACO, INC.

Principal Place of Business Mailing Address 1127 MAIN STREET 1127 MAIN STREET												
	DUNEDIN FL 34698  DUNEDIN I  Principal Place of Business  J.756 MANC HWOOD DR S. 28. Mailing Suite, Apt #, etc.  Suite, Apt #, etc.											
							3. Date Incorporated or Qualified 3a. Date of Las 03/25/1980 02/27/1996					
2. Principal Prace of Business 2a. Mailing Address						n. c		4. FEI Number	Applied For			
		זע פסס	( e),		HWOO	DUR.	<u>),</u>	59-1997544			Not Applicabl	
22		****		27	***************************************			5. Certificate of Status Desired			Additional Required	
City & Sta 23 <b>20 A</b>	te Ved/ N			City & State  DUNEN		ナム		6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip 24 346	98	Couplry 5 PINE	KLAS	29 Zin 34698	30 C	Ne LL	45		Yes [	] No	s. 199.032,	
		nd Address	of Current I	Registered Agent				10. Name and Address of New Reg	gistered /	lgent		
	LIS, BASIL C					81 Name						
1756 RANCHWOOD DR SOUTH DUNEDIN FL 34698						Addre	ss (P.O. Box Number is Not Acceptab	le)				
						83			· · · · · · · · · · · · · · · · · · ·			
						84 City			FL	85 Zip	Code	
agent, Fa	am jamilar with	punted name of n	gelerer agent a	ons of, Section 607.0505, and title if applicable. (N	FIORIOA St OTE: Registe	atutos. ed Agent signature			DATE			
12.	PS	OFFI	CERS AND E	DIRECTORS	13		·····	ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	BASIL C. D	FLIS		☐ DEFELE		TITLE				Change	Additio	
NAME STREET ADDRESS		CHWOOD D	R 80		4	NAME						
	DUNEDIN I		11. 00.		1	STREET ADDRESS						
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NAME	DELIS, ANI	DRANIKY		Precit		NAME				- orange	- naulus	
STREET ADDRESS		CHWOOD D	R. <b>SO</b>			STREET ADDRESS						
CITY - ST - ZIP	DUNEDIN I	FL				CITY-ST-ZIP		' the				
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NAME					3.2	NAME						
STREET ADDRESS					3.3	STREET ADDRESS						
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NAME OTREET ADDRESSO						NAME						
STREET ADDRESS City - St - ZiP						STREET ADDRESS						
	1				- 64	CITY - ST., 7IP						

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 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 or an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/15/97(813)734-2857 Date Oayling Proce

Change

Addition

**FILED** 

Jan 22 1997 8:00am

Secretary of State