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

DOCUMENT # 689334 1. Corporation Name

DELANEY'S, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90030 017 ***150.00

|--|--|--|

					<u> </u>			
Principal Place	e of Business	Mailing Address						
	KES DRIVE WEST	7353 MIAMI LAKES DRIVE WE	EST					
MIAMI LAKES F	FL 33014	MIAMI LAKES FL 33014			DO NOT WRI	TE IN THIS SE	PACE	
					3. Date Incorporated or Qualifed		7102	
!					09/26/1980			ļ
	<u></u>						1 0	plied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			
21		_ 26			59-2612246	<u>ئىك دا ئىك</u>		t-Applicable.
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	I
22		27						•
City & State	е	City & State			6, Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution	-	Added	o Fees
Zip	Country	Zip	_ Country	•	8. This corporation owes the curr			
24	25	29 3	0		Personal Property Tax.] Yes	□No
	9. Name and Address of Current	t Registered Agent		,	10. Name and Address of New F	Registered Ag	gent	
			81	Name				
	RKE, KAY		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	MIAMI LAKES DR. WEST		62	Outer Addit	Cas (i .O. Dox Hamber is Hot Accepte			
MAIM	/II LAKES FL 33014		83			 ,		-
]								
			84	City		FL	85 Zip (Code
44 5	4- 41	2 and 607 1609 Florida Statutes	the above	e-named corn	oration submits this statement for the		anging its	registered
11. Pursuant	to the provisions of Sections 607.0502	of Florida. Such change was auth	horized by	the corporatio	on's board of directors. I hereby accept	t the appointm	nent as re	gistered
l office or r	registered agent, or both, in the State of		nonzou o,					
office or f agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	tions of, Section 607.0505, Florid	la Statutes		•			
office or r agent. I a SIGNATURE	_							
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE: Re	egistered Ager	nt signature required	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE: Ri	egistered Ager			DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	at and title if applicable. (NOTE: Re	13.		d when reinstating)	DATE FICERS AND		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY	at and title if applicable. (NOTE: Ri	egistered Ager		d when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	at and title if applicable. (NOTE: Ri	13. 1.1 TITLE 1.2 NAME		d when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY	at and title if applicable. (NOTE: Ri	13. 1.1 TITLE 1.2 NAME	nt signature required	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	at and title if applicable. (NOTE: Ri	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	d when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	it and title if applicable. (NOTE: Ri D DIRECTORS	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	it and title if applicable. (NOTE: Ri D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	it and title if applicable. (NOTE: Ri D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME* 2.3 STREE* 2.4 CITY-S	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W.	it and title if applicable. (NOTE: Ri D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE* 14 CITY-S 2.1 TITLE 22 NAME* 23 STREE* 2.4 CITY-S 3.1 TITLE	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13. STREE: 14 CITY-S 2.1 TITLE 22 NAME: 23 STREE: 2.4 CITY-S 3.1 TITLE 32 NAME	T ADDRESS T ADDRESS T ADDRESS T - ZIP	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13. STREE: 14 CITY-S 2.1 TITLE 22 NAME: 23 STREE: 2.4 CITY-S 3.1 TITLE 32 NAME	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 32 NAME 3.3 STREE* 3.4 CITY-S 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTC Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 32 NAME 3.3 STREE* 3.4 CITY-S 3.4 CITY-S	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTC Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.3 NAME 3.4 CITY-S 4.1 TITLE 4. 2 NAME	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTC Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.3 STREET 34. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTC Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Ri D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.2 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTC Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Ri D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 32 NAME 33 STREET 34 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Ri D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 32 NAME 3.3 STREE* 34 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.2 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE*	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 TITLE 5.2 NAME 5.3 STREET	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	t and title if applicable. (NOTE: Ri D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE 5.5 CITY-S 6.1 TITLE	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-S 2.1 TITLE 22 NAME 23 STREET 3.1 TITLE 32 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 TITLE 5.2 NAME 5.3 STREET	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	9 stored Ager 13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS CLARKE, KAY 7353 MIAMI LAKES DR. W. MIAMI LAKES FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE	9 stored Ager 13. 1.1 TITLE 12 NAME 13 STREE* 14 CITY-S 2.1 TITLE 22 NAME 23 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS TT-ZIP T ADDRESS ST-ZIP	d when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition

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 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, with all other like empowered.

SIGNATURE: