

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817237

1. Corporation Name

THE DELTONA CORPORATION

(1)
*THIS IS A
FOR PROFIT
CORPORATION
YOU SENT
WRONG
FORM!*

100001492601
-05/17/95--01183--008
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
3250 S.W. THIRD AVENUE
MIAMI FL 33129

Mailing Address
3250 S.W. THIRD AVENUE
MIAMI FL 33129

3. Date Incorporated or Qualified 07/26/1963
3a. Date of Last Report 05/01/1994
4. FEI Number 59-0997584

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HUMMERHELM, SHARON J
3250 S.W. THIRD AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCO
NAME	MUYRES, MARCELLUS H. B.
STREET ADDRESS	3250 S.W. THIRD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HARDEN, DAVID M.
STREET ADDRESS	3250 SW 3RD AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	SVS
NAME	GARDIS, MICHELLE R
STREET ADDRESS	3250 S.W. THIRD AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	VBS
NAME	MANCILLA, JOSEPH JR.
STREET ADDRESS	3250 SW 3RD AVE
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	DIAMOND, STEPHEN J
STREET ADDRESS	3250 S.W. THIRD AVE.
CITY - ST - ZIP	MIAMI FL

RESIGNED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CORTRIGHT, EARLE	
3.3 STREET ADDRESS	3250 SW THIRD AVE	
3.4 CITY - ST - ZIP	MIAMI FL 33129	
4.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRAM, ANTONY	
4.3 STREET ADDRESS	3250 SW THIRD AVE	
4.4 CITY - ST - ZIP	MIAMI FL 33129	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUMMERHELM, SHARON	
5.3 STREET ADDRESS	3250 SW THIRD AVE	
5.4 CITY - ST - ZIP	MIAMI FL 33129	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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 110.07(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 on an attachment with an address.

SIGNATURE: Sharon J. Hummerhelm 4/6/95 305/854-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #