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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

817237

(1)

THE DELTONA CORPORATION

| Principal Place of Business | Mailing Address            |
|-----------------------------|----------------------------|
| 999 BRICKELL AVE SUITE 700  | 999 BRICKELL AVE SUITE 700 |
| MIAMI FL 33131              | MIAMI FL 33131             |

FILED Feb 16 1998 8:00am Secretary of State



| MIRMI PL 33                           | ) <b>)</b> 1  | MIRMI PL 33131   |   | i                           | DO NOT WRITE IN THIS SPACE |   |                                     |                            |
|---------------------------------------|---|--|---|-----------------------------|----------------------------|---|-------------------------------------|----------------------------|
|                                       |   |  |   |                             | ļ                          | 3. Date Incorporated or Qualified   | - <del> </del>                      |                            |
|                                       |   |  |   |                             |                            | 07/26/1963  |                                     |                            |
| 2. Principal Pi                       | ace of Business   | 2a. Mailing Address  |   |                             |                            | 4. FEI Number   | Ap                                  | plied For                  |
| 21                                    |   | [26]   |   |                             |                            | 59-0997584  |                                     | t Applicable               |
| Suite, Apt 1                          | #, otc  | Suite, Apt. #, etc.  |   |                             |                            | 5. Certificate of Status Desired  | \$8.75 A                            |                            |
| City & State                          | )   | City & State   |   |                             |                            | 6. Election Campaign Financing  | \$5.00                              | May Be                     |
| 23                                    |   | [28]   |   |                             |                            | Trust Fund Contribution   | Added t                             |                            |
| Zip                                   | Country   | Zgi  | Cour  | ntry                        |                            | 8. This corporation owes or has paid the  |                                     |                            |
| 24)                                   | 25  | [29]   | 30  |                             |                            | Personal Property Tax due June 30.  |                                     | J No                       |
|                                       | g, Name and Address of Curren   | it Registered Agent  |   | 041                         |                            | 10. Name and Address of New Register  | ed Agent                            |                            |
|                                       | UMMERHIELM, SHARON J  |  | J   | 81 N                        | ame                        |   |                                     |                            |
| 999 BRICKELL AVE SUITE 700            |   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                             |                            |   |                                     |                            |
| M                                     | IAMI FL 33131   |  | Ĺ   |                             |                            | · · · · · · · · · · · · · · · · · · ·   |                                     |                            |
|                                       |   |  | }   | 83                          |                            |   |                                     | 1                          |
|                                       |   |  | }   | 84 C                        | ity                        |   | . 85 Zip (                          | Code                       |
|                                       |   | · · · · · · · · · · · · · · · · · · ·  | - 1   | 1                           | •                          |   | - <b>L</b>   '                      |                            |
| 11. Pursuant to office or reagent Lar | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblide | i2 and 607,1508, Florida State<br>of Florida, Such change was<br>ations of Section 607,0505, F | utes, the at<br>s authorized<br>lorida Stati          | ove-na<br>d by the<br>utes. | med corporatio             | ration submits this statement for the purpos<br>n's board of directors. I hereby accept the     | se of changing it<br>appointment as | s registered<br>registered |
| SIGNATURE                             | She alone Typical or product comes of they stated may   |  |   |                             |                            | I when reinstating) DA1   |                                     |                            |
| 12,                                   | OFFICERS AN   |  | 13.   |                             |                            | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTOR                        | S IN 12                    |
| TITLE                                 | Ť   | DELETE   | 1.1 (1)   | LE                          | 1                          |   | ☐ Change                            | Addition                   |
| NAME                                  | MCNELLEY, DONALD O  |  | 1.2 NA  | ME.                         |                            |   |                                     |                            |
| STREET ADDRESS                        | 999 BRICKELL AVE SUITE  | 700  | 1.3 ST  | REET ADD                    | RESS                       |   |                                     | 1                          |
| CITY-S1-ZIP                           | MIAMI FL  |  | 1.4 01  | [Y - ST - ZI                | P                          |   |                                     | I                          |
| TITLE                                 | VSD   | DELETE   | 2 1 Til   |                             |                            |   | Change                              | Addition                   |
| NAME                                  | HARDEN, DAVID M.  |  | 2.2 NA  | ME                          | 1                          |   |                                     |                            |
| STREET ADDRESS                        | 999 BRICKELL AVE SUITE 7  | 700  | 2.3 \$1   | REET ADD                    | RESS                       |   |                                     |                            |
| CITY-ST-ZIP                           | MIAMI FL 33131  |  | 2.4 C   | TY-ST-Z                     | IP ]                       |   |                                     |                            |
| TITLE                                 | PCO   | DELETE   | 3110  |                             |                            |   | ☐ Change                            | Addition                   |
| NAME                                  | CORTRIGHT, EARLE  |  | 3.2 NA  | ME                          | - (                        |   |                                     |                            |
| STREET ADDRESS                        | 999 BRICKELL AVE SUITE  | 700  | 3 3 ST  | REET ADD                    | ORESS                      |   |                                     |                            |
| CITY-ST-ZIP                           | MIAMI FL 33131  |  | 34 C  | ITY-51-Z                    | IP                         |   |                                     |                            |
| TITLE                                 | C   | DELETE   | 4.1 10  |                             |                            |   | ☐ Change                            | Addition                   |
| NAME                                  | GRAM, ANTONY  |  | 4.2 N   | AME                         |                            |   |                                     |                            |
| STREET ADDRESS                        | 999 BRICKELL AVE SUITE 7  | 700  | 4.3 ST  | REET ADO                    | RESS                       |   |                                     |                            |
| CITY-S1-ZIP                           | MIAMI FL 33131  |  | 4.4 CI  | TY-ST-ZI                    | P                          |   |                                     |                            |
| TITLE                                 | VS  | DELFTE   | 5.1 TI  |                             |                            |   | Change                              | Addition                   |
| NAME                                  | HUMMERHIELM, SHARON   |  | 5.2 N/  | ME                          |                            |   |                                     |                            |
| STREET ADDRESS                        | 999 BRICKELL AVE SUITE  | 700  | 5.3 ST  | REET ADD                    | RESS                       |   |                                     |                            |
| City-St-ZiP                           | MIAMI FL 33131  | -  |   | TY-ST-ZI                    | J                          |   |                                     |                            |
| TITLE                                 |   | DELETE   | 6111  |                             |                            |   | Change                              | Addition                   |
| NAME                                  |   |  | 6.2 NJ  |                             |                            |   |                                     |                            |
| STREET ADDRESS                        |   |  |   | REET ADD                    | HESS                       |   |                                     |                            |
| CITY-ST-ZIP                           |   |  |   | TY - ST - Zi                | J                          |   |                                     |                            |
|                                       | certify that the information supplied w   | vith this filing does not qualify  |   |                             |                            | ection 119.07(3)(i), Florida Statutes. I furthe<br>a shall have the same legal effect as if mad | er certify that the                 | Information                |
| indicated                             | on this annual report or supplements  | al annual report is true and a   | ccurate and   | that n                      | ny signature               | shall have the same legal effect as if mad  | e under oath; the                   | at I am an                 |