## 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 # 817237

1. Corporation Name

THE DELTONA CORPORATION

## **FILED** Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90024 001 \*1,472.50



Principal Place	of Business	Mailing Address								
999 BRICKELL AVE SUITE 700 999 BRICKELL AVE SUITE 70										
MIAMI FL 33131		MIAMI FL 33131				DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		_		
						07/26/1963				
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	Applied For		
— o∩1/ı	SW 135th Street RD	8014 SW 135th	ı St	ree	t RD	59-0997584		Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional		
	n, 010.	27				5. Certifcate of Status Desired	Fee	Required		
City & State	9	City & State				6. Election Campaign Financing	\$5.0	00 May Be		
<u> </u>	, FL 34473	- ·	1473			Trust Fund Contribution		ed to Fees		
Zip	Cauntry	Zip	Cour	ntry		8. This corporation owes the current year	r Intangible	<u> </u>		
34473	25 USA	29 34473 30	וו	USZ	4	Personal Property Tax.	Yes	No		
<u>, 34473</u>	9. Name and Address of Current			001		10. Name and Address of New Registe	red Agent			
				81	Name					
HUM	IMERHIELM, SHARON J		}	82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
999 BRICKELL AVE SUITE 700				02	Jueet At	iniess (F.O. DOX Hulling) is 1401 Modehrable)				
MIAMI FL 33131				83	74					
		•	-	0.4	Olt.		[06] ·	Zip Code		
				84	City	ı	=L  85  <sup>2</sup>	-ip Gode		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	oove-	named co	rporation submits this statement for the purpos	e of changing	its registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auth	onzed	DV II	e corpora	ation's board of directors. I hereby accept the a	opointment a	s registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent s	gnature requ	uired when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITI	LE	- Ţ		<b>☆</b> Char	nge 🔲 Addition		
NAME :	MCNELLEY, DONALD O	•	1.2 NA	ME	ſ					
STREET ADDRESS	999 BRICKELL AVE SUITE 700		1.3 ST	REETA	ODRESS 8	8 <mark>014 SW 135th Street</mark> Road				
CITY-ST-ZIP	MIAMI FL		1.4 CIT	TY-ST-	ZIP (	Ocala, FL 34473				
TITLE	VSQ	<b>S</b> AN ELETE	2.1 TIT	LE.			Chai	nge 🔲 Addition		
NAME	HARDEN, DAVID M	*******	2.2 NA	ME	Ì					
STREET ADDRESS	999 BRICKELL AVE SUITE 700		2.3 ST	REET A	DDRESS					
CITY-ST-ZIP	MIAMI-FL 33131	•	2. 4 CI	TY-ST-	ZIP					
TITLE	PCO	XXXPELETE	3.1 TIT			media.	Char	nge Addition		
NAME	CORTRIGHT BARLE	ΛΛΛ	3.2 NA	ME		10000				
STREET ADDRESS	999 BRICKELL AVE SUITE 700				DDRESS					
l .	MIAMI FL 33131			TY-ST-						
CITY-ST-ZIP	C	☐ DELETE	4.1 TIT			President & Chairman of t	he XI Cha	nge Addition		
NAME	GRAM, ANTONY		4. 2 NA							
1	999 BRICKELL AVE SUITE 700		i		ODRES\$ {	8014 SW 135th Street Road				
STREET ADDRESS		•		TY-ST-	1	Ocala, FL 34473				
CITY-ST-ZIP	MIAMI FL 33131	□ DELETE	5.1 TIT			JUATA, EL 344/3	Cha	nge Addition		
TITLE	VS		5.2 NA							
NAME	HUMMERHIELM, SHARON		1		DDRESS					
STREET ADDRESS	999 BRICKELL AVE SUITE 700		5.4 CFT		1					
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	6.1 TIT				Chai	nge <b>K</b> Addition		
TITLE		<u> </u>	6.2 NA		l i	Assistant Secretary Beth Smith	€1 cuai	igo <u>421</u> mudiudi		
NAME					í					
STREET ADDRESS					I	8014 SW 135th Street Road				
CITY-ST-ZIP	]		6.4 CIT	TY-ST-	ZIP ) (	Ocala, FL 34473				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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2/16/99

305-5790999