

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90071 011 ***150.00

UNCLAS

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 817303

1. Corporation Name
DELTA METALS INC

Principal Place of Business 218 EAST LATHROP AVENUE POST OFFICE BOX 1706 SAVANNAH GA 31402	Mailing Address 218 EAST LATHROP AVENUE POST OFFICE BOX 1706 SAVANNAH GA 31402
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/23/1963	Applied For
4. FEI Number 58-0812732	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WELLS, B. S.	
STREET ADDRESS	218 E LATHROP AVE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYNN, C. R.	
STREET ADDRESS	218 E LATHROP AVE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERICKSON, MARCIA	
STREET ADDRESS	218 E LATHROP AVE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	AKINS, CHARLOTTE	
STREET ADDRESS	1711 PRICE STREET	
CITY-ST-ZIP	SAVANNAH GA 31401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DON L. WATERS	
STREET ADDRESS	218 EAST LATHROP AVE	
CITY-ST-ZIP	SAVANNAH, GA. 31415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Michael E. Viers
5.3 STREET ADDRESS	218 E Lathrop Ave
5.4 CITY-ST-ZIP	Savannah, GA 31415
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: B. S. Wells B. S. Wells - President February 24, 1999 (912) 234-8201

CR2E034 (1/98)