

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F26960

(7)

1. Corporation Name
DELTA DIAGNOSTICS, INC.

Principal Place of Business

5421 S. BRYANT AVE.
SANFORD FL 32773
US

Mailing Address

POST OFFICE BOX 940186
MAITLAND FL 32794-0186
US



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 30

9. Name and Address of Current Registered Agent

CORBETT, SCOTT (P.A.)
2518 EDGEWATER DRIVE
ORLANDO FL 32802

3. Date Incorporated or Qualified
03/26/1981

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2096053

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for protest name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
DP	PILE, JERE	390 S. LAKE SYBELIA DRIVE	MAITLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	2.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	3.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	4.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	5.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY- ST- ZIP<td>Change</td><td>Addition</td></td>	6.4 CITY- ST- ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERSTL JERE PILE

3-19-97 (407) 330-2388

CR2E034 (9/96)