

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

FILED

Jun 05 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 # F92000000020 (9)

1. Corporation Name

DELTA VENTURES III, INC.

Principal Place of Business

Mailing Address

PO BOX 45852
CORPORATE TAXES-DEPT 852
ATLANTA GA 30320-0852
US

PO BPX 45852
CORPORATE TAXES DEPT. 852
ATLANTA GA 30320
US

3. Date Incorporated or Qualified
10/28/1992

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

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 25

29 30

4. FEI Number

58-1903305

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
COGGIN, ROBERT W
1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT
ATLANTA GA 30320

TITLE NAME ☒ DELETE

VP
MOOREHEAD, REX
1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT
ATLANTA GA 30320

TITLE NAME ☒ DELETE

AT
SANREGET, JAMES
1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT
ATLANTA GA 30320

TITLE NAME ☐ DELETE

S
VARLEY, JOHN J
1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT
ATLANTA GA 30320

TITLE NAME ☐ DELETE

AS
KLEMPERER, LESLIE P
1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT
ATLANTA GA 30320

TITLE NAME ☐ DELETE

VP
O'REILLY, ANITA B
1030 DELTA BLVD, HARTSFIELD INT'L AIRPORT
ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE BLOCK

ANITA B. O'REILLY
VICE PRESIDENT - TAX

Anita B O'Reilly

(404) 714-1021

CR2E034 (9/96)