

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90026 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000020**

1. Corporation Name  
**DELTA VENTURES III, INC.**

Principal Place of Business PO BOX 45852 CORPOTATE TAXES-DEPT 852 ATLANTA GA 30320-0852 US	Mailing Address PO BPX 45852 CORPORATE TAXES DEPT. 852 ATLANTA GA 30320-0852 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/28/1992</b>	
4. FEI Number <b>58-1903305</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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)	
83	
84 City	<b>FL</b>

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 checked="" type="checkbox"/> DELETE
NAME	COGGIN, ROBERT W	
STREET ADDRESS	1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT	
CITY-ST-ZIP	ATLANTA GA 30320	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VARLEY, JOHN J	
STREET ADDRESS	1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT	
CITY-ST-ZIP	ATLANTA GA 30320	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KLEMPERER, LESLIE P	
STREET ADDRESS	1030 DELTA BLVD., HARTSFIELD INTL. AIRPORT	
CITY-ST-ZIP	ATLANTA GA 30320	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	O'REILLY, ANITA B	
STREET ADDRESS	1030 DELTA BLVD, HARTSFIELD INT'L AIRPORT	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	DALESSANDRO, M.	
STREET ADDRESS	1030 DELTA BLVD, HARTSFIELD INTL AIRPORT	
CITY-ST-ZIP	ATLANTA GA 30320	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VINCENT F. CAMINITI	
1.3 STREET ADDRESS	1030 DELTA BLVD., P.O. BOX 45852	
1.4 CITY-ST-ZIP	ATLANTA, GA 30320-0852	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1030 DELTA BLVD., P.O. Box 45852	
2.4 CITY-ST-ZIP	ATLANTA, GA 30320-0852	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1030 DELTA BLVD., P.O. Box 45852	
3.4 CITY-ST-ZIP	ATLANTA, GA 30320-0852	
4.1 TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD H. WEST	
4.3 STREET ADDRESS	1030 DELTA BLVD., P.O. Box 45852	
4.4 CITY-ST-ZIP	ATLANTA, GA 30320-0852	
5.1 TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JUDITH G. ROSS	
5.3 STREET ADDRESS	1030 DELTA BLVD., P.O. Box 45852	
5.4 CITY-ST-ZIP	ATLANTA, GA 30320-0852	
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: J. S. [Signature] DATE: 4/15/99 DAYTIME PHONE #: (404) 714-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)