

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90014 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F95000004801**

1. Corporation Name

**THE DELTA GROUP, INC.**

Principal Place of Business

220 NORTH MAIN STREET, SUITE 300  
GREENVILLE SC 29601

Mailing Address

220 NORTH MAIN STREET, SUITE 300  
GREENVILLE SC 29601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/05/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		57-1028793	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

CHAMBERLAIN, PETE  
 2714 REW CIR  
 STE. 200  
 OCOEE FL 34761

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	FL	

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

3/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTHMAN, M. T	1.2 NAME	
STREET ADDRESS	220 NORTH MAIN STREET, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29601	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DAVID R	2.2 NAME	
STREET ADDRESS	220 NORTH MAIN STREET, SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29601	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROUSE, CHARLIE</del> Delete	3.2 NAME	
STREET ADDRESS	220 NORTH MAIN STREET, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUBBAGE, HEIGHTON	4.2 NAME	
STREET ADDRESS	220 NORTH MAIN STREET SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>POOLE, DAVID</del> Delete	5.2 NAME	
STREET ADDRESS	220 NORTH MAIN STREET SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<del>CHADWICK, JOHN</del> Delete	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 NORTH MAIN STREET	6.2 NAME	
STREET ADDRESS	SUITE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, SC	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

Daytime Phone #

864-271-8363

CR2E034 (1/98)