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May 06 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 # F96000005893 (0)

1. Corporation Name  
THE DELTA PARADIGM GROUP, INCORPORATED



Principal Place of Business  
% CHARLES E. WICKARD  
139 E. LANCASTER AVE. SUITE A31  
WAYNE PA 19087-3525

Mailing Address  
% CHARLES E. WICKARD  
139 E. LANCASTER AVE. SUITE A31  
WAYNE PA 19087-3525

3. Date Incorporated or Qualified 11/13/1996  
3a. Date of Last Report NONE PREVIOUSLY FILED

2. Principal Place of Business  
21 218 Commercial Blvd.

2a. Mailing Address  
26 218 Commercial Blvd.

4. FEI Number 23-2861719  
Applied For Not Applicable

Suite, Apt. #, etc.  
22 Suite 208A

Suite, Apt. #, etc.  
27 Suite 208A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 FT. LAUDERDALE, FL

City & State  
28 FT. LAUDERDALE, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33308

Country  
25 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
ABERNETHY, BRUCE R JR  
900 VIRGINIA AVE, SUITE 6  
FORT PIERCE FL 34982

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. 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 C  
NAME ANDES, CHARLES L  
STREET ADDRESS 500 ROSE LANE  
CITY-ST-ZIP HAVERFORD PA 19041  
TITLE VCP  
NAME WICKARD, CHARLES E  
STREET ADDRESS 218 COMMERCIAL BLVD, SUITE 208A  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308  
TITLE D  
NAME HORSTMAYER, JACK  
STREET ADDRESS 84 N. STAMFORD RD  
CITY-ST-ZIP STAMFORD CT 06903  
TITLE D  
NAME SANFORD, BETH  
STREET ADDRESS 84 N. STAMFORD RD  
CITY-ST-ZIP STAMFORD CT 06903  
TITLE ST  
NAME WICKARD, JAMES T  
STREET ADDRESS 28 N. CAUSEWAY, SUITE 1  
CITY-ST-ZIP FT PIERCE FL 34948  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: Charles E. Wickard 4/28/97 (354)262-9735

CR2E034 (9/96)