

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90051 029 \*\*\*150.00

DOCUMENT # F96000005893

1. Corporation Name

THE DELTA PARADIGM GROUP, INCORPORATED

Principal Place of Business

218 COMMERCIAL BLVD STE 208A  
FT LAUDERDALE FL 33308  
US

Mailing Address

218 COMMERCIAL BLVD STE 208A  
FT. LAUDERDALE FL 33308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

23-2861719

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 200 S. INDIAN RIVER DRIVE

2a. Mailing Address

26 200 S. INDIAN RIVER DRIVE

Suite, Apt. #, etc.

22 SUITE 317

Suite, Apt. #, etc.

27 SUITE 317

City & State

23 FT. PIERCE, FL

City & State

28 FT. PIERCE, FL

Zip

24 34950

Country

25 U.S.A.

Zip

29 34950

Country

30 U.S.A.

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 ☐ DELETE

NAME ANDES, CHARLES L  
STREET ADDRESS 500 ROSE LANE  
CITY-ST-ZIP HAVERFORD PA 19041

TITLE VCP ☐ DELETE

NAME WICKARD, CHARLES E  
STREET ADDRESS 218 COMMERCIAL BLVD, SUITE 208A  
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

TITLE D ☐ DELETE

NAME HORSTMAYER, JACK  
STREET ADDRESS 84 N. STAMFORD RD  
CITY-ST-ZIP STAMFORD CT 06903

TITLE D ☐ DELETE

NAME SANFORD, BETH  
STREET ADDRESS 84 N. STAMFORD RD  
CITY-ST-ZIP STAMFORD CT 06903

TITLE ST ☐ DELETE

NAME WICKARD, JAMES T  
STREET ADDRESS 28 N. CAUSEWAY, SUITE 1  
CITY-ST-ZIP FT PIERCE FL 34946

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

200 S. INDIAN RIVER DR., SUITE 317  
FT. PIERCE, FL 34950

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

200 S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34950

6.1 TITLE ☐ Change ☐ 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:

CHARLES E. WICKARD

Apr 12, 1999

(561) 460-6676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)