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Mar 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 # J72388 (8)

1. Corporation Name:
DELTA TRANSMISSION CORPORATION

Principal Place of Business
185 SOUTH SEMORAN BLVD.
ORLANDO FL 32807-3230

Mailing Address
185 SOUTH SEMORAN BLVD.
ORLANDO FL 32807-3230



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1987		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2803922		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

PIAZZA, MILLER, & GRACE, ESQ.
REINTREE OFFICE PARK
990 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSO, FRANK	1.2 NAME	
STREET ADDRESS	185 S. SEMORAN BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSO, CATHERINE	2.2 NAME	
STREET ADDRESS	185 S. SEMORAN BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	VALENIT, PETER	3.2 NAME	
STREET ADDRESS	185 S SEMORAN BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PALERMO, ANTONIO	4.2 NAME	
STREET ADDRESS	185 S SEMORAN BLVD	4.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK RUSSO

2-10-97

407-282-0008

CR2E034 (9/96)