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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 17 1997 8:00am Secretary of State

1997 DOCUMENT # K66010

(5)

DELTA LATENT PRODUCTS, INC.					
Principal Place	of Business	Mailing Address		I (DESENA DIO BINE DIEN BENDI MENI BEN	ALINI MANT STATE DENY MININ GENET LANS
C/O GREGORY W. TAYLOR 3221 WEST ST. BRIDES CRICLE ORLANDO FL 32812		C/O GREGORY W. TAYLOR 3221 WEST ST. BRIDES CIRCLE ORLANDO FL 32812-5831			
UNIANUO PE S	KCO   E	OTENIES TE SECTE (SO)		3. Date Incorporated or Qualified 02/15/1989	3a. Date of Last Report 06/11/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Samo	26	·····	59-2945316	Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for i	Yes No
[24]	9. Name and Address of Curre		[30]	10. Name and Address of New Re	
TAY	OR, GREGORY W.		81 Name		
3221 W ST BRIDES CIR ORLANDO FL 32812			82 Street Add	iress (P.O. Box Number is Not Acceptab	(alc
			OZ Sliber Add	iness (F.O. Dox Hulliber is 140) Acceptac	107
			83		
			84 City		FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the p	purpose of changing its registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was a strong of Section 607 0595. Fire	authorized by the corpora orida Statutes	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as registered
l	No se see le	Town	oriod otdialog.	2/12	al ar I
SIGNATURE	Signature hypercion printed types of responsed ag	ent and title if applicable NOT	E: Registered Agent signature requ	ilted when reinstating)	DOE V
12.	SEFICIAIS AN	ID DIRECTORS <b>V</b>	13.	ADDITIONS/CHANGES TO OFFIC	
1111.6	D	DELETE	1,1 TITLE	•	Change Addition
NAME	STANGE, ERNESTINE T.		1,2 NAME		
STREET ADDRESS	3221 W ST BRIDES CIR		1.3 STREET ADDRESS		* II, 1
C:TY - ST - ZIP	ORLANDO FL	Dr. cre	1.4 CITY-\$T-ZIP		
TITLE	D DIOAN I	L DELETE	2.1 TITLE		Change Addition
NAME	TAYLOR, SUSAN J.		2.2 NAME		
STREET ADDRESS	3221 W ST BRIDES CIR	_	2.3 STREET ADDRESS		
CHY-ST-ZIP THILE	ORLANDO FL	NELETE -	2. 4 CiTY - \$1 - ZiP		Change Addition
		OMPORELETE	3.2 NAME		C Collings C Rushion
NAME STREET ADDRESS	_	00.	3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY-\$T-ZIP		
TITLE		DELETE	4.1 TITLE	<del></del>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		."
CITY-ST-20F			4.4 CITY - ST - ZIP		
TOTLE		☐ DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTM S1 - 7191			5 4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	······································	DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		. *
CITY ST-ZIP			6.4 CITY-ST-ZIP	11. 0 N. 110 01/010 F. 11 0.	\$ 6 with an anal 6 . 30 - 1 . 30 .
I 14. I do herel	by certify that the information suppli	ea with this thing does not qual	ny for the exemption state	ed in Section 119.07(3)(i), Florida Statute	/s. i turther certify that the

Tan 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.