*** FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1-2

1996 APR 26 PM 4:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **K95385** **(6)**

1. Corporation Name

RIVER DELTA, INC.

Principal Place of Business

97 STAPLETON DR.
% JOHN CULLY
ETOBICOKE ONTARIO CA MPR3A-5

Mailing Address

97 STAPLETON DR.
% JOHN CULLY
ETOBICOKE ONTARIO CA MPR3A-5

3. Date Incorporated or Qualified: **06/14/1989**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **98-0103471** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WENZEL, KENNETH A.
C/O OSBORNE, HANKINS, MACLAREN & REDGRAVE
700 S FEDERAL HWY STE 200
BOCA RATON FL 33432

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 the capacity (NOTE: Registered Agent signature required where resignation) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CULLY, JOHN A.	
STREET ADDRESS	97 STAPLETON DRIVE	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CA M9R3A-5	
TITLE	D	☐ DELETE
NAME	DAVIDSON, JOHN M.	
STREET ADDRESS	1681 CHESTER DR.	
CITY-ST-ZIP	CALEDON, ONTARIO CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

000001797070

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John A. Cully — JOHN A. CULLY — April 24/1996 — (416) 241 8735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VSD 4/26/96

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

2-2

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

RECEIVED
96 APR 26 PM 3:21
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 933441 859222A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 208.75

ORDER DATE : April 26, 1996

ORDER TIME : 12:48 PM

ORDER NO. : 933441

CUSTOMER NO: 859222A

CUSTOMER: Mr. John A. Cully
Cherry Post Developments, Ltd.
97 Stapleton Drive
Etobicoke, Ontario
Can, M9R 3A5

ANNUAL REPORT FILING

NAME: RIVER DELTA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: _____

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 APR 26 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725173

1. Corporation Name: FLORIDA COUNCIL OF HANDICAPPED ORGANIZATIONS, INC.

Principal Place of Business: 2210 WARREN JERNIGAN PLACE, PENSACOLA, FL. 32514

Mailing Address: 2210 WARREN JERNIGAN PL. PENSACOLA, FL. 32514

3. Date Incorporated or Qualified: 01/03/1973

3a. Date of Last Report: 5/30/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-1684245 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN JERNIGAN
2210 WARREN JERNIGAN PL.
PENSACOLA, FL. 32514

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
President/D	JERNIGAN, WARREN	2210 WARREN JERNIGAN PL.	PENSACOLA, FL. 32514	☐
~~Treasurer~~	~~ORR, JANE~~	~~95 EO Regency~~		☐
D	HAKNES, TOM	1709 AMAHAN DR.	TALLAHASSEE, FL.	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Addition
				☐	☐
Treasurer	ORR, JANE	145 West 6th St.	JACKSONVILLE, FL. 32206	☑	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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600001797146
-04/29/96--01008--015
******1.55 ******1.55

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Warren Jernigan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-96

Daytime Phone #: 904 477-8876

CR2E037 (12/95)