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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K95706** (3)
1. Corporation Name
DELTECH SYSTEMS, INC.



Principal Place of Business
**1501 QUAIL ST.
NEWPORT BEACH CA 92660
US**

Mailing Address
**P.O. BOX 7350
NEWPORT BEACH CA 92658
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2962203	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
D'ANGELO, SALVATORE 320 E. SOUTH STREET ORLANDO FL 32801		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	DCP	1.1 TITLE	DCP
NAME	MADDOCK, THOMAS S.	1.2 NAME	Daniel W. Boyd
STREET ADDRESS	1501 QUAIL ST.	1.3 STREET ADDRESS	1501 Quail St.
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	Newport Beach, CA 92660
TITLE	VID	2.1 TITLE	
NAME	BARTON, JAMES A.	2.2 NAME	
STREET ADDRESS	1501 QUAIL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	RONNENBERG, KRISTIN L	3.2 NAME	
STREET ADDRESS	1501 QUAIL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	POTERAJ, ROBERT S	4.2 NAME	
STREET ADDRESS	1501 QUAIL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

WILLIAM J. BOMMARITO

16-98

714-476-3400

CR2E034 (10/97)