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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DELTA FINANCE COMPANY, INC. Principal Flace of Business 827 FERN ST. STE. 200 ATAMONTE SPRINGS FL 32701 S. Diale Incorporated or Qualified 928 FERN ST. STE. 200 ATAMONTE SPRINGS FL 32701 S. Diale Incorporated or Qualified 938. Diale Old Last Flaport 948.75 Addition 948.77 September 1 S. Diale Incorporated or Qualified 948.75 Addition 948.77 September 1 S. Diale Incorporated or Qualified 948.75 Addition 150. September 1 S. Diale Incorporated or Qualified 948.75 Addition 150. September 1 S. Diale Incorporated or Qualified 948.75 Addition 150. September 1 S. Diale Incorporated or Qualified 948.75 Addition 150. September 1 S. Diale Incorporated or Qualified 948.75 Addition 150. Addition 150. September 1 S. Diale Incorporated or Qualified 959.3026954 S. Diale Incorporated or Qualified or September 1 S. Diale Incorporated or Qualified Office or Incorporate Office Offi	Principal Place of Business 927 FERN ST., STE, 200 ALTAMONTE SPRINGS FL 3 2. Principal Place of Busin 21 Suite Apt. # etc 22 City & State 23 Zip 24 9. Name STAMP, MARTI 201 S. ORANG SUITE 900 ORLANDO FL 3 11. Pursuant to the provision office or registered agagent Lamifamiliar will SIGNATURE 12. 1016 D NAME STRIFELADDRESS CITY ST ZIP TITLE TO BUSINESS CONTINUES TO BUSINESS CONTIN	COMPANY, IN s 32701 Description Country 25 and Address of Country IN F.	Mailing Address 927 FERN ST., STE. 200 ALTAMONTE SPRINGS I 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Cour 30	ntry	3. Date Incorporated or Qualified 08/27/1990 4. FEI Number 59-3026954 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for I	3a. Date of Last Ri 04/25/1996	eport pplied For of Applicable Additional equired May Be to Fees
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9. Name and Address of Current Registered Agent STAMP, MARTIN F. 201 S. ORANGE AVE SUITE 900 ORLANDO FL 32801 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 95 Zip Code 11. Pursuant to the previsions 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 arm familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TILE OF LICERS AND DIRECTORS IN 12 LICENAME 1.2 MARE SHIELLANDERSS SHIELLANDERSS	9. Name STAMP, MARTI 201 S. ORANG SUITE 900 ORLANDO FL: 11. Pursuant to the provision office or registered ag agent I am familiar will signature. Iyand 12. 11. Pursuant to the provision office or registered ag agent I am familiar will signature. Iyand 12. 11. Pursuant to the provision office or registered agent I am familiar will signature. Iyand 12. 11. Pursuant to the provision of the pro	and Address of Co			81 Name		M 100 Fm 110	
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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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byind or prefed name of registered agent and trieff applicable. (NOTE heightered Agent signature required when reliability). DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTERPORT OF THE STATE ADDRESS IN 12 IN THE STATE ADDRESS IN THE STATE AD	office or registered ag agent. I am familiar will signature, build 12. TOTA NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CRY ST. ZIP TITLE NAME STREET ADDRESS CRY ST. ZIP TITLE NAME STREET ADDRESS	32001		-	DAI City	······································	er Zio	Code
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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:

FILED

May 07 1997 8:00am

Secretary of State

407-831-1941