

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0041158

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **M03261**

(8)

1. Corporation Name

**DELTA ADULT RESIDENTIAL FACILITY, INC.**

Principal Place of Business

**2216 PARK AVE  
MIAMI BEACH FL 33139-1722**

Mailing Address

**2216 PARK AVE  
MIAMI BEACH FL 33139-1722**

**FILED**

98 SEP 11 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/27/1984**

4. FEI Number

**59-2438977**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BARTON, IRA S  
2216 PARK AVE  
SUITE 302  
MIAMI BEACH 33139**

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

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTON, IRA S.</b>	
STREET ADDRESS	<b>725 W. 50TH ST</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002639049-3**  
**-09/14/98-01144-011**  
**\*\*\*\*150.00-\*\*\*\*150.00**

**13 9/14 98**

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

*[Signature]*

**2/22/98**

**345 379**

CR2E034 (5/98)



**BERKOWITZ DICK POLLACK & BRANT**  
CERTIFIED PUBLIC ACCOUNTANTS, LLP

ONE SOUTHEAST THIRD AVENUE  
FIFTEENTH FLOOR  
MIAMI, FLORIDA 33131

305-379-7000  
FAX: 305-379-8200  
800-999-1272

September 9, 1998

Mr. Tyrone Scott  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Park Adult Residential Facility, Inc.  
Pioneer Adult Residential Facility, Inc.  
Delta Adult Residential Facility, Inc.  
Deco Walk Hotel and Golf Club, Inc.

Dear Mr. Scott:

Pursuant to our telephone conversation today, I am again submitting the 1998 Corporation Annual Reports for the above referenced corporations. I have also enclosed a check made payable to the Secretary of State in the amount of \$150.00 for each corporation and a letter of explanation requesting that the late filing fees be waived. As I indicated to you today on the telephone, the owner of these corporations has been doing business in Florida for many years and has always filed his reports on time. This year, due to unfortunate changes in his business management, and through no fault of his own, he did not learn that the reports were delinquent until he received second notices from the state. Since the owner of these corporations never received first notices from the state, you indicated that you may be able to abate the late filing penalties for each of the above referenced corporations. Your consideration regarding this matter is greatly appreciated.

If you should have any questions, please do not hesitate to call me.

Very truly yours,

*Joan B. Stein, C.P.A.*

Joan B. Stein  
For The Firm

JBS/tcf