

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M41003 (8)**

1. Corporation Name
DELTA INDUSTRIAL SYSTEMS CORPORATION (DISC)



Principal Place of Business: **7956 W 26 CT HIALEAH FL 33016 US**
Mailing Address: **7956 W 26 CT HIALEAH FL 33016 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified: **10/31/1986**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2784587**
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. 190.032, Florida Statute: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DEPASS, GEOFFREY S.
7956 W. 26TH COURT
HIALEAH FL 33016**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.032 and 607.1568, 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 607.032, Florida Statutes.

SIGNATURE _____ Date of Signature _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COSLETT, PETER	
STREET ADDRESS	2760 LA PAZ AVE 2760 LA PAZ AVE.	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEPASS, GEOFFREY S	
STREET ADDRESS	1484 NW 105 AVENUE	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HEPBURN, LLOYD	
STREET ADDRESS	4119 LANSING AVENUE	
CITY-STATE-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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, that I am a true and correct person to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or any other official public record.

SIGNATURE: **GEOFFREY DEPASS** 03/12/96 305-822-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)