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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M41003**
 1. Corporation Name
DELTA INDUSTRIAL SYSTEMS CORPORATION (DISC)



Principal Place of Business Mailing Address
7956 W 26th Ct 1275 Sawgrass Corp. Pkwy
HALEAH FL 33016 Sunrise, FL 33323
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2784587	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEPASS, GEOFFREY S. 7956 W-26TH COURT HALEAH FL 33016				81 Name			
1275 Sawgrass Corp. Pkwy Sunrise, FL 33323				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSLETT, PETER		12 NAME		
STREET ADDRESS	276-0 LA PAZ AVE		13 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		14 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPASS, GEOFFREY S		22 NAME		
STREET ADDRESS	1484 NW 105 AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		24 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, LLOYD		32 NAME		
STREET ADDRESS	4119 LANSING AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		34 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (1/98)