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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90161 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M41003**

1. Corporation Name

**DELTA INDUSTRIAL SYSTEMS CORPORATION (DISC)**

Principal Place of Business

Mailing Address

**7956 W-26 CT 1275 Sawgrass Corp. Pkwy**  
**HALEAH FL 33016 Sunrise, FL 33323**  
**US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/31/1986**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **29** **30**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEPASS, GEOFFREY S.**

**7956 W-26TH COURT 1275 Sawgrass Corp. Pkwy**  
**HALEAH FL 33016 Sunrise, FL 33323**

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 ☐ DELETE

NAME **DP**  
STREET ADDRESS **COSLETT, PETER**  
CITY-ST-ZIP **276-0 LA PAZ AVE**  
**COOPER CITY FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **DEPASS, GEOFFREY S**  
CITY-ST-ZIP **1484 NW 105 AVENUE**  
**PLANTATION FL**

TITLE ☐ DELETE

NAME **VSD**  
STREET ADDRESS **HEPBURN, LLOYD**  
CITY-ST-ZIP **4119 LANSING AVENUE**  
**COOPER CITY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DV** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE **DP** ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)