

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUL 20 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # M85367 (4)**

1. Corporation Name  
**COFFEY-LEE ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**2425 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308**

**700001545957  
-07/25/95--01116--017  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of Last Report
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	06/14/1988	05/26/1994
24. Zip	25. County	29. Zip	30. County	4. FFI Number	4a. Applied For
				65-0064913	Not Applicable
5. Certificate of Status Desired				5b. Additional Fee Required	
<input type="checkbox"/>				\$8.75	
<input type="checkbox"/>				May Be Added to Fees	
6. This corporation has liability for interstate tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEE, JAMES P. 2425 E COMMERCIAL BLVD. FT. LAUDERDALE FL 33308				81. Name			
				82. P.O. Box Number is Not Acceptable			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0507 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]* (Signature and typed or printed name of signing officer or director)

12. OFFICERS AND DIRECTORS		13.	
12.1 NAME	D LEE, JAMES P.	13.1 NAME	
12.2 STREET ADDRESS	4 MINNETONKA RD	13.2 NAME	
12.3 CITY, STATE, ZIP	SEA RANCH LAKES FL	13.3 NAME	
12.4 NAME		13.4 NAME	
12.5 STREET ADDRESS		13.5 NAME	
12.6 CITY, STATE, ZIP		13.6 NAME	
12.7 NAME		13.7 NAME	
12.8 STREET ADDRESS		13.8 NAME	
12.9 CITY, STATE, ZIP		13.9 NAME	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY, STATE, ZIP		13.12 NAME	

14. I am hereby certifying that the information supplied with this form is, to the best of my knowledge and belief, true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the registered or former registered agent to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or is an alternate with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MORRIS  
Secretary of State  
CORPORATION DIVISION

DOCUMENT # **M88876** (1)

**DELTA COMPLEX, INC.**

07/08/1988 PM 8:19

STATE OF FLORIDA

Principal Office of Corporation: **% WILLIAM E. SNELL, 4801-96TH STREET NORTH, ST. PETERSBURG FL 33708**  
Mailing Address: **% WILLIAM E. SNELL, 4801-96TH STREET NORTH, ST. PETERSBURG FL 33708**

PRINT OR WRITE IN THIS SPACE

2. Filing Date of Report		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>Same #1 of 199</i>		26. <i>5100 E</i>		07/08/1988	04/20/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Approved For
23. City & State		28. City & State		59-2897820	Not Applicable
24. _____		29. _____		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. _____		30. _____		6. Has the corporation previously filed this report?	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has initially been organized in accordance with Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
SNELL, WILLIAM E. 4801-96TH STREET NORTH ST. PETERSBURG FL 33708				81. Name	
				82. Street Address, P.O. Box Number, etc. (Not Applicable)	
				83. _____	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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, Sections 607.0507, Florida Statutes.

SIGNATURE: *WILLIAM E. SNELL*

12. OFFICERS AND DIRECTORS		13. AGENTS	
NAME	D SNELL, WILLIAM E. 13531 BINGLEWOOD AVE SEMINOLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	P SNELL, BETTE M. 13531 BINGLEWOOD AVE SEMINOLE FL	2. NAME	000001545210 -07/25/95--01057--020 ****225.00 ****225.00
CITY & STATE	D HOFF, JAMES E 801 SEMINOLE BLVD LARGO FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY & STATE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY & STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information required with this filing is complete, correct and true, and that I am qualified to accept responsibility for the information stated in this report. Florida Statutes, Section 607.0507, Florida Statutes, require that the information be filed in the official report or supplemental annual report in true and correct form and I understand that my signature shall be a true and correct statement of the information required by the statute and I am aware of the consequences of the false or misleading information provided in this report as required by the Florida Statutes, Section 607.0507, Florida Statutes.

SIGNATURE: *William E. Snell* 1/1/55 (18) 1968

CR2E034 (3/95)

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