

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000014190 (1)**

1. Corporation Name
DELTA STAR ELECTRIC, INC.

Principal Place of Business
**610 JASMINE ROAD
SUITE B
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**P.O. BOX 940594
MAITLAND FL 32794-0594**



2. Principal Place of Business 21 3228 Corrine Drive Suite, Apt. #, etc. 22 City & State 23 Orlando Zip 24 32803 Country 25 USA		2a. Mailing Address 26 3228 Corrine Drive Suite, Apt. #, etc. 27 City & State 28 Orlando Zip 29 32803 Country 30 USA		3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 04/28/1996
		4. FEI Number 59-3163720		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**LAMM, DAVID R
1250 ALEXA DRIVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **Patrick Verner**
82 Street Address (P.O. Box Number is Not Acceptable)
3228 Corrine Drive
83
84 City **Orlando** FL 85 Zip Code **32803**

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 

Patrick Verner

4-8-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAMM, DAVID R	
STREET ADDRESS	1250 ALEXA DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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	President + Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick Verner	
1.3 STREET ADDRESS	3228 Corrine Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32803	
2.1 TITLE	Secretary + V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Andrew Skip Brenner	
2.3 STREET ADDRESS	3228 Corrine Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
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		

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

407-895-2525

Date

Daytime Phone #

CR2E034 (9/96)