

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # **P94000034760 (6)**

DELTA INTERNATIONAL COMPUTERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21. Principal Office Address 6702 Benjamin Rd., Ste 600		26. Mailing Address 6702 Benjamin Rd.		3. Date Incorporated or Qualified 05/05/1994		3a. Date of Last Report	
22. Suite Apt # etc. Suite 600		27. Suite Apt # etc. Suite 600		4. FCI Number 59-3243710		Applied For Not Applicable	
23. City & State Tampa, FL		28. City & State Tampa, FL		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24. Zip 33634		29. Zip 33634		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
25. Country USA		30. Country USA		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent SOLGOT, RICHARD S 6805 S ENGLEWOOD AVE TAMPA FL 33611				10. Name and Address of New Registered Agent			
				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City			
				FL B5. Zip Code			
11. Pursuant to the provisions of Sections 607.0602 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 law to said 607.0605, Florida Statutes.							
SIGNATURE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
1. NAME D HSIEH, JONES C				1. NAME ☐ Change ☐ Addition			
2. STREET ADDRESS 4515 NW 72ND AVE				2. STREET ADDRESS			
3. CITY & STATE MIAMI FL 33166				3. CITY & STATE			
4. NAME PD SOLGOT, RICHARD S				4. NAME ☐ Change ☐ Addition			
5. STREET ADDRESS 6805 S ENGLEWOOD AVE				5. STREET ADDRESS			
6. CITY & STATE TAMPA FL 33611				6. CITY & STATE			
7. NAME TD SOLGOT, MEI H				7. NAME ☐ Change ☐ Addition			
8. STREET ADDRESS 6805 S ENGLEWOOD AVE				8. STREET ADDRESS			
9. CITY & STATE TAMPA FL 33611				9. CITY & STATE			
10. NAME VD SOLGOT, RANDY L				10. NAME ☐ Change ☐ Addition			
11. STREET ADDRESS 6805 S ENGLEWOOD AVE				11. STREET ADDRESS			
12. CITY & STATE TAMPA FL 33611				12. CITY & STATE			
13. NAME SD SOLGOT, STEVEN R				13. NAME ☐ Change ☐ Addition			
14. STREET ADDRESS 6805 S ENGLEWOOD AVE				14. STREET ADDRESS			
15. CITY & STATE TAMPA FL 33611				15. CITY & STATE			
16. NAME				16. NAME ☐ Change ☐ Addition			
17. STREET ADDRESS				17. STREET ADDRESS			
18. CITY & STATE				18. CITY & STATE			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(b), 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 available or authorized for all the corporation or the officer or director organization to use in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 and changed, for corporation format with an address.

SIGNATURE: *Richard S. Solgot* **Richard S. Solgot** 5/5/95 (813) 840 2774
SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR

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

**APPROVED
AND
FILED**

OFFICE OF THE
ATTORNEY GENERAL



DEPARTMENT OF STATE
Tallahassee, Florida
CORPORATION DIVISION

1995

DOCUMENT # P94000035202 (8)

RALPH J. RHODES, INC.

5971 CATTLEMEN LN SARASOTA FL 34232		5971 CATTLEMEN LN SARASOTA FL 34232		(EXCEPT WHERE IN THIS SPACE)	
3. (Date Incorporated) 05/10/1994		3a. Date of Last Report N/A			
21. 2456 Monterey St.		26. 2456 Monterey St.		4. FID Number 65-0503616	
22.		27.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. SARASOTA FL		28. SARASOTA FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. 34231		29. SARASOTA		8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent RHODES, RALPH J 5971 CATTLEMEN LN SARASOTA FL 34232				10. Name and Address of New Registered Agent 81. Name RALPH J. RHODES 82. Street Address (P.O. Box Number is Not Acceptable) 2456 Monterey St 83. 84. City Sarasota FL 85. Zip Code 34231	
11. I hereby certify that the provisions of Sections 601, 602, and 603, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in its last report on file with 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 a resident of the State of Florida.					
SIGNATURE: <i>[Signature]</i> RALPH J. RHODES 5-6-95					
12. OFFICERS AND DIRECTORS			13. ADDITIONAL CHANGES TO OFFICERS, AND ADDITIONAL DIRECTORS		
1. NAME RHODES, RALPH J 2. STREET ADDRESS 5971 CATTLEMEN LN 3. CITY SARASOTA FL 4. ZIP CODE 34232 5. TITLE PVST			1. NAME RHODES, RALPH J. ☒ Change ☐ Addition 2. STREET ADDRESS 2456 Monterey St. 3. CITY SARASOTA, FL. 4. ZIP CODE 34231 5. TITLE PVST ☒ Change ☐ Addition		
6. NAME RHODES, RALPH J 7. STREET ADDRESS 5971 CATTLEMEN LN 8. CITY SARASOTA FL 9. ZIP CODE 34232			6. NAME RHODES, RALPH J. 7. STREET ADDRESS 2456 Monterey St. 8. CITY SARASOTA, FL. 9. ZIP CODE 34231		
10. NAME 11. STREET ADDRESS 12. CITY 13. ZIP CODE 14. TITLE 15. NAME 16. STREET ADDRESS 17. CITY 18. ZIP CODE 19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY 23. ZIP CODE			10. NAME 11. STREET ADDRESS 12. CITY 13. ZIP CODE 14. TITLE 15. NAME 16. STREET ADDRESS 17. CITY 18. ZIP CODE 19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY 23. ZIP CODE		
14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the provisions stated in Sections 190.031 and 190.032, 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 liquidator appointed by the court to receive this report as required by Chapter 140, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or on an attachment with an address.					
SIGNATURE: <i>[Signature]</i> RALPH J. RHODES, PRES. 5/6/95 613-925-9029					