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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P94000050145 (9)

DOCUMENT #

1. Corporation Name

DELK & DELK, INC.	
Principal Place of Business	Mailing Address
1901 COTTONNICOD TERRACE	1901 COTTONNICOD TERRAL



1381 COTTONWOOD TERRACE DUNEDIN FL 34698						1381 COTTONWOOD TERRACE DUNEDIN FL 34698										
												07/06/1994 07/2			of Last Report 25/1995	
2.	Principal Plac	ce of Busin	ess		28	. Mailing Address					4.	FEI Number			Applied For	
21					26	26					59-3255728				Not Applicable	
22	Suite, Apt. #	etc.		Managed and company and the company of the company	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			.75 Additional ee Required		
23	City & State	te				City & State					6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
	Zip			Country	Zip			Country			8.	This corporation has liability for	intangible ta	x und	ers 199.032,	
24			25		29		30						s 🗌 No			
		9, Name	and	Address of Curren	t Regi	stered Agent					10.	Name and Address of New I	Registered	Agent		
								81	1	Name						
	ROMAN	& Roman	1					82	1	Street Ad	dress (P.	O. Box Number is Not Accepta	ble)			
	2196 MA	in St.														
	Suite L							83								
	DUNEDIN	I FL 3469	18					84		City				85	Zip Code	
								04	Ι΄	Oity			FL	. "	2.0000	
Sic	SMATHER			n, in the State of Floric e obligations of, Sectional and name of registered agent						ration's bo		rectors. Thereby accept the app	DATE	regist	ered agent. I am	
12		ignarure tyteo	or pri	OFFICERS ANI				3.	11 5	aidi aithe tede		ADDITIONS/CHANGES TO OF		DIRE	CTOBS IN 12	
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	Y-ST-ZIP			NC 28560				.4 CITY - S								
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NA	- 1	DELK.	JERI	R YF			2	2 NAME		1			•			
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NA	ME						5	2 NAME				***225.00				
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NA	ME						6	2 NAME								
\$T	REET ADDRESS						6	3 STREE	[AI	DDRESS						
	Y-ST-ZIP							4 CITY-S								
14	. I do hereby	certify tha	t the	information supplied	with th	is filing is voluntarily fur	nished a	nd doe	98 1	not qualif	v for the	exemption stated in Section 119	9.07(3)(k), Fk	orida S	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 eath; 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 pleases in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND POPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR