PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90091 003 ***150.00

DOCUN 1. Corporation DELMOR)059404						
Principal Place of Business Mailing Address					פיסס יווסה וווסס וווסס וווסו וווטו פוו גמסונסטו ו	, Balla alam alan	1 89111 8181 1891	
380 N. WICKHA		4043 SNOWY EGRET DRIVE	E					
SUITE G MELBOURNE FL 32904					BO MOT MIDITE IN THIS	00105		
MELBOURNE FL 32935						DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		1	
					08/12/1994 4. FEI Number		pplied For	
2. Principal Place of Business 2a. Mailing Address					59-3263639	<u> </u>	ot Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #,						<u></u>	Additional	
					5. Certifcate of Status Desired		equired	
22 27					6. Election Campaign Financing	\$5.00	May Be	
—		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Соил	try	8. This corporation owes the current year in	tangible		
24	25		30		Personal Property Tax.	🔀 Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		
			-	B1 Name				
DELANEY, JAMES E 4043 SNOWY EGRET DRIVE MELBOURNE FL 32904			l:	B2 Street A	Address (P.O. Box Number is Not Acceptable)	 		
			Ĺ					
				B3				
				84 City		85 Zip	Code	
			1	1 1	corporation submits this statement for the purpose o			
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was all lations of, Section 607.0505, Flor lent and title if applicable. (NOTE	utnonzed rida Statu : Registered /	es.	equired when reinstating) DATE			
12.		ND DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12 Addition	
TITLE	_		1.1 7176	Į.		Change	- Addition	
NAME	DED WELL, OF WILL E		1.2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP		Change	☐ Addition	
TITLE			2.1 TIT			C) Gliange		
NAME	DEB MEI, O'MIGE O		2.2 NA					
STREET ADDRESS	40 to Offort Edite! Dilite		1	EET ADDRESS				
CITY-ST-ZIP			2. 4 CFT 3 1 TITL	Y-ST-ZIP		☐ Change	Addition	
TITLE		32 NA					_	
NAME				EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP			Ì	
CITY-ST-ZIP TITLE			4.1 TIT			Change	☐ Addition	
		4.21		4				
NAME STREET ADDRESS				REET ADDRESS			ļ	
			1	Y-ST-ZIP			_ [
CITY-ST-ZIP			5.1 TITI			☐ Change	Addition	
NAME			5.2 NA	[
STREET ADORESS			5.3 STF	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITS	.E		Change	☐ Addition	
NAME			62 NA	ME			1	
STREET ADDRESS			6.3 STF	REET ADDRESS			1	

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 of 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 attactor of the corporation of the receiver of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE: