3-16.98 B. TÉR MAY 1ST IS \$550.00 **FILE NOW: FILING FEE**

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000062413 (7) DOCUMENT #

DELTA P BOOSTER SYSTEMS, INC.

Principal Place of Business Mailing Address 480-A LPHA BLVD 460-A LPHA BLVD HOLLY HILL FL 32117 HOLLY HILL FL 32117

FILED Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1994 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 460-A LPGA Blvd. 460-A LPGA Blvd 59-3279305 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Holly Hill, Holly Hill, Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 Volusia 32117 32117 Volusia Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BLAIS, MARK D 820 VALENCIA RD. 82 Street Address (P.O. Box Number is Not Acceptable) SOUTH DAYTONA FL 32119 83 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature reg OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.3 THUE TITLE BLAIS, MARK D NAME 1.2 NAME 820 VALENCIA RD. STREET ADDRESS 1.3 STREET ADDRESS **SOUTH DAYTONA FL 32119** CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition 41 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELFTE ☐ Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - ZIP

4. I horeby 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 of 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 emplowered 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 parchiment with an advices.

03-09-98 (904)238-7867 Blais

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