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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P9400073961 (2)

## FILED Apr 13 1998 8:00am Secretary of State

DELBA	R INC.				
				A DERLIADA DE DESAN BEDU ARRIX BEDE ARRIX ARRIX	<b>4141</b> (1117 1214 2111 113) 1 <b>6</b> 2
Principal Plac	on of Dunings	Edulling Adding			
Principal Place of Business		Mailing Address			
3901 ERNE STREET 3901 ERNE STREET PALM HARBOR FL 34683 PALM HARBOR FL 34685					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	. —
				10/03/1994	
<del></del>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	····	59-3274429	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		<b>├</b> ──		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7ip	Country		Added to Fees
24	25	<u>⊢</u> ¬ '	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Current year Intangible Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	
CH	ASTEEN, CLYDE D		81 Name		
3901 ERNE STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LM HARBOR FL 34683		51 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		·-·
			<b>5</b> 4 00		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Statute	es, the above-named corp	oration submits this statement for the nurnous	of changing its registered
agent. La	registered agent, or boin, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporati rida Statules.	ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
ļ <u> </u>	Signature, typed or printed name of ingistered as	T 124	. Registered Agent signature require		
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
'	CHASTEEN, CLYDE D		1.1 TITLE		L Change L Addition
NAME STREET ADDRESS	3901 ERNE STREET		1.2 NAME		
<b>!</b>	PALM HARBOR FL 34683		1.3 STREET ADDRESS		
CITY-ST-ZIP	STD STD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	CHASTEEN BARBARA		2.2 NAME		Citange Cit Modition
STREET ADDRESS	% 3901 ERNE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		<del>_</del> "	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ļ
TITLE		☐ DELETE	4.1 THILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP	44.11.1		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-SY-ZIP		
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP			6.4 CITY-ST-ZIP		

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 in an attachment without a supplemental annual report is true and accurate and that my name appears in Block 13 if chapter 607.

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