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

Maining Address
605 HUNTINGTON STREET

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500008292 (1)

VIRTUAL DELIVERY, INC.

Principal Flace of Business

605 HUNTINGTON STREET

BRANDON FL 33511		BRANDON FL 33511-7123							
						3. Date Incorporated or Qualified 02/01/1995		ate of Las 15/199	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3295900			Not Applicable
Suite, Apt	#, €tc	Suite, Apl. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat 23	te:	City & State				Election Campaign Financing Trust Fund Contribution			OO May Be ed to Fees
Zip 24	Country 25	Z(p)	Country 30	V		8. This corporation has liability for in Florida Statutes	intangible] Yes [r s. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent	
EM	81	Na	me						
605	5 HUNTINGTON STREET ANDON FL 33511		82 St		eet Address	et Address (P.O. Box Number is Not Acceptable)			
:	ANDON'I E GOOT!		83						
i			84	City	,		FL	85 Z	ip Code
office or	to the provisions of Sections 607.09 registered agent for both, in the Sta an fair har with, and accept the obli	ite of Florida. Such change was:	authorized by	v the i	ned corpora corporation	ation submits this statement for the p n's board of directors. I hereby accep	ourpose of ot the app	changin ointment	g its registered as registered
SIGNATURE	Signature, typical or ported to interacting stored a	0100	IL Registered Ag	varie vine	AL US TOS GOOD	ub-to rejectation)	DATE		,
12.		IND DIRECTORS	13.	ent Piån	ama indenso s	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
714 E	D	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Chang	
NAME	EMERSON, JAMES F		1.2 NAME						
STREET ADORESS	605 HUNTINGTON ST.		1.3 STREE	1 addre	ESS				
City+ST ZiP	BRANDON FL 33511		1.4 C(TY - 5	ST-7IP					
1111.1		DELETE	21 THTLE			***************************************		☐ Chang	ge 🔲 Addition
NAME			2 2 NAME						
STREET ADDRESS			2.3 STREE	t addre	:SS				
CHY-S - ZIP			2 4 CiTy -	S1 - Z(P					
Truf		DELETE .	3.1 TITLE					Chang	ge
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE	T ADDRE	:SS				
CHY+S1 79°		T l cenera	3.4. CITY -	S1 - Z(P		······································		Tm Chack	Addison
1-111		LJ DELETE	4 1 TITLE					Chang	ge [_] Addition
NAME			4, 2 NAME						
STREET FAILURESS			4.3 STREE		:SS				
(31Y - \$1 - 20		[] DELETE	4.4 CITY - 5	ST - ZIP				Chang	oe Addition
TOLE		FT DRUG	5.1 TITLE					L Grang	le 🗀 voncion
NAME SAMES AND DESCRIPTION			5.2 NAME	. 1000					
STREET ADJRESS	1		5 3 STREE		:SS				
OTY-ST-ZIF TULE		DELETE	5.4 CITY - S 6.1 Title	51 - ZIP				Chanc	oe Addition
		L.J Ditti						L_I Urlang	In First Machiner
NAME CANCEL DESCRIPTION			6 2 NAME	: tono					
STREET ADDRESS			6.3 STREE		:SS				
COLL CL DV			C COITS C						

14. I do 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

SIGNATURE:

appears in Block 12 or Block 13 it changed, or on an attack

TUBE AND TYPED OR PRIVITED NAME OF SIDNING OFFICER OR DIRECTOR

3.16.97

(8/3614-1821)

FILED

Mar 20 1997 8:00am

Secretary of State