

995 000035933

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 95 MAY -8 PM 3:22

W95-7700
 AS 5/8/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN Will Pick Up 4-10 11:00

RE: Delta Limited Corporation

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input type="checkbox"/> Art. of Inc. File	_____	_____
<input type="checkbox"/> Corp. Record Search	_____	_____
<input type="checkbox"/> Ltd. Partnership File	_____	_____
<input type="checkbox"/> Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> () Cert. Copy(s)	_____	_____
<input type="checkbox"/> Art. of Amend. File	_____	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____	_____
<input type="checkbox"/> C U S-	_____	_____
<input type="checkbox"/> Filitious Name File	_____	_____
<input type="checkbox"/> Name Reservation	_____	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____	_____
<input type="checkbox"/> Reg. Agent Service	_____	_____
<input type="checkbox"/> Document Filing	_____	_____
<input type="checkbox"/> Corporate Kit	_____	_____
<input type="checkbox"/> Vehicle Search	_____	_____
<input type="checkbox"/> Driving Record	_____	_____
<input type="checkbox"/> Document Retrieval	_____	_____
<input type="checkbox"/> UCC 1 or 3 File	_____	_____
<input type="checkbox"/> UCC 11 Search	_____	_____
<input type="checkbox"/> UCC 11 Retrieval	_____	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____	_____
<input type="checkbox"/> Courier Service	_____	_____
<input type="checkbox"/> Shipping/Handling	_____	_____
<input type="checkbox"/> Phone ()	_____	_____
<input type="checkbox"/> Top Priority	_____	_____
<input type="checkbox"/> Express Mail Prop.	_____	_____
<input type="checkbox"/> FAX () pgs.	_____	_____
SUBTOTALS	_____	_____

800001451878
 -04/10/95--01015--015
 ***122.50 ***122.50

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 10, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: DELTA LIMITED CORPORATION
Ref. Number: W9500007700

We have received your document for DELTA LIMITED CORPORATION and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 095A00016296

Corrected.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 5, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: DELTA LIMITED CORPORATION
Ref. Number: W95000007700

We have received your document for DELTA LIMITED CORPORATION. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since it is not within five working days of the date of receipt.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 895A00022120

Corrected



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 8, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: DELTA LIMITED CORPORATION
Ref. Number: W95000007700

We have received your document for DELTA LIMITED CORPORATION. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick
Corporate Specialist

Letter Number: 895A00022565

Corrected

RECEIVED
95 MAY -8 PH 2:51
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -8 PH 3:22

**ARTICLES OF INCORPORATION
OF
DELTA LIMITED CORPORATION**

The undersigned, acting as incorporator, hereby adopts these Articles of Incorporation and forms a profit corporation (the "Corporation") under the laws of the State of Florida, as follows:

1. NAME

The name of this corporation is:

DELTA LIMITED CORPORATION

2. TERMS OF EXISTENCE

The date when the corporate existence shall commence shall be the date of filing these Articles of Incorporation, and the Corporation shall have perpetual existence thereafter.

3. PURPOSE

The purpose for which this corporation is organized is to transact any and all business for which a corporation may be incorporated under Florida laws, including the ownership and operation of real property.

4. CAPITAL STOCK

The corporation shall have the authority to issue 5,000 shares of common stock, in one class only, each with a par value of \$1.00.

5. REGISTERED AGENT

The registered agent shall be James H. Batmasian, and the initial registered office shall be at 215 North Federal Highway, Suite One, Boca Raton, Florida 33432. The principal address and the registered office address are the same.

6. BOARD OF DIRECTORS

The initial Board of Directors shall have one member whose name and address is as follows:

James H. Batmasian

215 North Federal Highway, Suite One
Boca Raton, Florida 33432

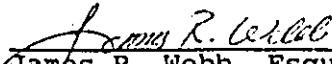
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -8 PM 3:22

The number of Directors may be raised or lowered by amendment of the bylaws of the Corporation but shall in no case be less than one.

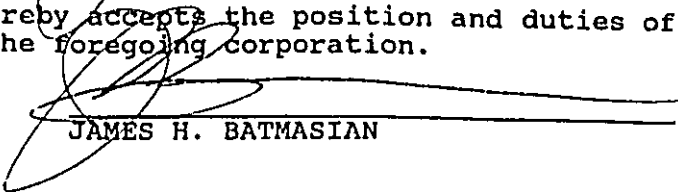
7. INCORPORATOR

The incorporator of this Corporation is James R. Webb, Esquire, whose address is 215 North Federal Highway, Suite One, Boca Raton, Florida 33432.

In witness thereof, the undersigned incorporator has executed these Articles of Incorporation this 7th day of April, 1995.

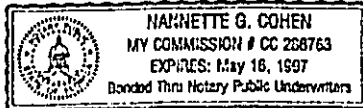

James R. Webb, Esquire

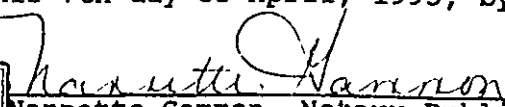
JAMES H. BATMASIAN hereby accepts the position and duties of registered agent of the foregoing corporation.


JAMES H. BATMASIAN

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing Articles of Incorporation were acknowledged before me this 7th day of April, 1995, by James R. Webb.




Nannette Gammon, Notary Public
f/n/a Nannette G. Cohen
State of Florida
My commission expires :

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035933

1 Corporation Name

DELTA LIMITED CORPORATION



Principal Place of Business Mailing Address
215 NORTH FEDERAL HIGHWAY, SUITE ONE BOCA RATON FL 33432
215 NORTH FEDERAL HIGHWAY, SUITE ONE BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable
3 New Mailing Office Address, If Applicable
4 Date Incorporated or Qualified To Do Business in Florida 05/08/1995
5 FEI Number 65-0615870 Applied For Not Applicable
6 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BATMASIAN, JAMES H	215 NORTH FEDERAL HIGHWAY, SUITE	BOCA RATON FL 33432

S00002046275--5
-01/06/97--01004--021
****375.00 ****375.00

REINSTATEMENT 1/9/96
A. Allen

8. Name and Address of Current Registered Agent
BATMASIAN, JAMES H
215 NORTH FEDERAL HIGHWAY, SUITE ONE
BOCA RATON FL 33432

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 617.0505, F.S.
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0101 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: REGISTERED AGENT MUST SIGN Date Daytime Phone #

CRCS040 17/96