NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

MANUFACTOR DESCRIPTION OF

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000 35933

FILED Oct 06 1998 8:00am Secretary of State

Corporation Nema	•						
DELTA LIMITED CORPORATION							
ULLIN THE TENT	•						
							Ţ
Principal Place of Business	Mailing Address						
215 N FEDERAL HWY.	SAME				3. Date incorporated or Qualified		
BOCA RATION, FL				•	5/8/95		
33432					4. FEI Number		Applied For
	,				65-6615870		Not Applicable
2* Principal Place of Business 21 Same	26 Mailing Address	هـ			5. Certificate of Status Desired		75 Additional e Required
Suite, Apt. #, etc.	Suite, Apt. #. etc.				6. Election Campaign Financing		0 May Be
22	27				Trust Fund Contribution		od to Fees
City & State	City & State			٧.,	7. Is this nonprofit corporation a homeowne		ation?
Zip Cbuntry	Zip	Cour	ntnı			× No	
24 25	<u></u>	Cour	ntry		8 This corporation owes or has paid the cu	irrent year Yes	Intengible No
S Name and Address of Current F		1301			Personal Property Tax due June 30. 10. Name and Address of New Registered		LINU
			B1	Name			
JAMES H. BATMAS I	t N	ł	82	Cironi Addina	ss (P.O. Box Number is Not Acceptable)		
215 N FEDERAL HI	NY.	1	•	Stidet Modiet	ss (F.O. Box Number is Not Acceptable)		
I BOCA RATONI FL	72(18)	Ī	83				
1 BOCH RATION I FL	5545M	ł	84	City		85 2	ip Code
		- 1	1	*	FL	_	•
Pursuant to the provisions of sections 617,0502 and office or registered agent, or both, in the State of Fagent. I am famillar with, and accept the obligation.	1 617.1508, Florida Statutes, Iorida. Such change was aut	the abovi thorized b	e-na v th	amed corporation's	on submits this statement for the purpose of cha board of directors. I hereby accept the appoin	anging its :	registered registered
agent. I am familiar with, and accept the obligation	s of, section 617.0503, Florid	da Statute	BS.		appair		• • • • • • • • • • • • • • • • • • • •
SIGNATURE Bigneture, typed or printed name of registered agent an	d title if applicable. (NOT	TE: Registers	ri An	ent signature require	d when reinstating) DATE		
12. OFFICERS AND I		13.			ADDITIONS CHANGES TO OFFICERS AF	งที่ กิเลลก	7388 B 11
TITLE POPULATION OF THE PROPERTY OF THE PROPER		1.1 TM	LE			Chang	
NAME JAMES H. BATMASIAN STREETADDRE 215 N FEDERAL HWY		1.2 NA	1.2 NAME				
A. A		1.3 STR	1.3 STREET ADDRESS				
		1.4 CIT		ZIP	·	, -	
THE TO JAMES H. BA	TMAS IAN DELETE	2.1 7(1)		1	April Brian Brian Same Same Same Same Same Same same Same Same	Chang	e 🔲 Addition
215 N FEDERAL HOLY.		2.2 NAME		}	80000265763:	i i	
TAME RATION FL 33432		•	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		-10/07/9801041041 ***550.00		
- Controller		3.1 YITL		ZIP	****JOU. UU		
NAME 215 N FEDERAL HWY			3.2 NAME			Change	e Addition
			3.3 STREET ADDRESS		ŧ		
CITYST-ZIP (BOCH ICHTON)	BOCA RATON, FL 33432		3.4 CITY-ST-ZIP			,	
TITLE		4,1 7171				Change	e Addition
NAME		4.2 NAM	E	1		7/1	5/1
STREET ADDRESS		4.3 STRE	EETA	DORESS	_	14 /1	
CITY-ST-ZIP		4.4 CITY		IP	/	// ``	10_
TITLE	DELETE	5.1 TITL				Change	Addition
NAME STREET ADDRESS		5.2 NAM					
CITY-ST-ZIP		E .		DORESS			
TITUE	<u> </u>	6.1 TML		IP			<u> </u>
NAME	DELETE	6.2 NAM				Change	Addition
STREET ADDRESS		6.3 STRE		NUDERS			
CITY-ST-ZIP		6.4 CITY-		1			
4 I hereby certify that the Information supplied with this	filing does not qualify for the	a exempli	2.00	tated in section	119.07(3)(i), Florida Statutes. I further certify t	hat the infe	ormation
indicated on this annual report or supplemental ann an officer or director of the dorporation or the received	ubi redort is irua and alacurai	ITA ANG TH	RT M	IV RIDDATUIA RD.	ali have the same lenal effect as il made unite	r Oain' ina	it I am