SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073232 (7)

DELTA MARINE INTERNATIONAL, INC.

FILED Sep 09 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			1	
5450 SW 8 ST PLANTATION (5450 SW 8 STREET				
PLANIATION	FL 33317	PLANTATION FL 33317		DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				09/20/1995	05/19/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied 1-or	
21 7/4	41 NW 54651	26 P.O. Box	15458	65-0609628	Not Applicable	
Suite Apt	#, etc.	Suite, Apt. #, etc.			CR 75 Additional	
22 Pla	valion	27		5. Certificate of Status Desired	Fee Required	
City & State	<u> </u>	City & State / /	Γ,	6. Election Campaign Financing	\$5.00 May Ele	
23	louda	28 Flantation	\sim 1 \vdash \leftarrow	Trust Fund Contribution	Added to Fees	
Zip 33.	Country	Zip	Country	8. This corporation owes or has pai	d the current year Intangible	
24	317 25 USA	29 333/8 3	0 USA	Personal Property Tax due June	30. 🖳 Hes 🔲 No 🐬	
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Re	platered Agent	
HU	GHES, DIANE S		81 Name	Same		
5450 SW 8 STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33317				7141 NW 5th	"S.7-	
			83			
			84 City	A		
			84 City	landation	FL 🍍 😤 💝 ノク	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named c	orporation submits this statement for the pi	urnose of changing its registered	
office or r	registered agent, or both, in the State	of Florida, Such change was aut	horized by the corpo	oration's board of directors. I hereby accep	t the appointment as registered	
	and accept the obliga	A alle	da Sialulos.		9/4/67	
SIGNATURE	Strature, typod or printed name of registered age	ont and title (a splicable (NOTE: F	tegistered Agent signature re	guired when reinstating)	DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	HUGHES, KENNETH D		1,2 NAME		· •	
STREET ADDRESS	5450 SW 8 STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY - ST - ZIP			
TITLE	VISD	DELETE	2.1 TITLE		Change Addition	
NAME	HUGHES, DIANE S		2.2 NAME			
STREET ADDRESS	5450 SW 8 STREET		2 1			
	PLANTATION FL 33317		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	FENNIAMON I'C 30317	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		_ beech	3.2 NAME		Shange	
	•					
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP		Change Addition	
TITLE		☐ Atruit	4.1 TITLE		L Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		Olones Laterine	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		[
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		İ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
				ted in Section 119.07(3)(i), Florida Statutes		
ODBITTORII	in indicated on this annual report of s	abbiernemai annual report is truc	s and accurate and t	hat my signature shall have the same legal	. enect as il misue under cam: that l	

Information indicated on this annual report or suppliernontal annual report is true and accurate and that my signature shall have the same legal effect as it made under of a man 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 12 or Block 13 if changed, or on an attachment with an address.