

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000097421 (8)**

1. Corporation Name

DELTA SYSTEMS SUPPORT, INC.



Principal Place of Business

P.O. BOX 501263
MALABAR FL 32950-1263

Mailing Address

P.O. BOX 501263
MALABAR FL 32950-1263

3. Date Incorporated or Qualified
12/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVERETTE, MICHAEL D
210 DICKINSON STREET NORTHEAST
PALM BAY FL 32907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(If FEI Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **EVERETTE, MICHAEL D**
STREET ADDRESS **210 DICKINSON STREET NORTHEAST**
CITY-ST-ZIP **PALM BAY FL 32907**

11 TITLE **President** Change Add on
12 NAME **Everette, Michael D**
13 STREET ADDRESS **210 Dickinson Street, NE**
14 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** DELETE
NAME **ENNIS, JOHN C**
STREET ADDRESS **210 DICKINSON STREET NORTHEAST**
CITY-ST-ZIP **PALM BAY FL 32907**

21 TITLE **Vice President** Change Addition
22 NAME **Ennis, John C**
23 STREET ADDRESS **3627 Whisperwood Circle**
24 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE **Treasurer** Change Addition
32 NAME **Ennis, Naoko**
33 STREET ADDRESS **3627 Whisperwood Circle**
34 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE **Everette, Dianne M.** Change Addition
42 NAME **Secretary**
43 STREET ADDRESS **210 Dickinson Street, NE**
44 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **500001872375** Change Addition
52 NAME **-06/24/96--01015--029**
53 STREET ADDRESS *****225.00**
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael D. Everette - Michael D. Everette 6/11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance Phone #

CR2E034 (12/95)

06-21-96