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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015020 (6)

3904 ADAMO DRIVE	3904 ADAM
Principal Place of Business	Mailing Add

**FILED** Mar 02 1998 8:00am Secretary of State

DELTA	ACQUISITIO	ON CORP.						İ				
Principal Plac	e of Business		Mailing	Address				$\Box$	) (BB)(63) (IB IBIÍR EINI BBIN BBIN GBNI 69)	( IHBOT BITTI BOTTO	IFDIA MARE IMA <del>L</del>	
3904 ADAMO DRIVE 3904 ADAMO DR			AMO DRIVE									
TAMPA FL 33605 TAMPA FL 33605			FL 33605					DO NOT WRITE IN THIS SPACE				
								<u> </u>	3. Date Incorporated or Qualified			
								'	02/14/1996		}	
2. Principal P	lace of Busines	2a. Mailir	2a. Mailing Address					4. FEI Number	11	Applied For		
21			26						<b>59-3433650</b> Not Applica			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional			
22			27						5. Certificate of Status Desired	Fee	Required	
City & State			City & State						6. Election Campaign Financing	\$5.0	O May Be	
23			28						Trust Fund Contribution Added to Fees			
Zip	· —		Zip			Country		(	8. This corporation owes or has paid the current year Intangible			
24	25 25 Name and Address of Current			29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	<del></del> -		negistereu	Agont	<del></del> -	81	Name		U. Hame the Address of flow Hegister	ou Agoin		
	EET, GERALD					Щ						
	MADAMO DR					82	Street A	ddress	(P.O. Box Number is Not Acceptable)			
IAI	MPA FL 33805	)				83						
						84	City			<b>=L  <sup>65</sup> </b> Zi	p 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 p	nnled name of registered agen	t and title if applic	able (NO)	E Registere	d Age	nt signature re	equired wh	hen reinstating) DA*	re		
12.		OFFICERS AND	DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	D			☐ DELETE	1.1 TI	ILE				☐ Change	e 🔲 Addition	
NAME	REW, C. JOHN				1.2 NAME					i		
STREET ADDRESS					1.3 ST		1.3 STREET ADDRESS				1	
CITY-ST-ZIP		GA 30085-1528		_	1.4 CITY - ST - ZIP				☐ Change	e Addition		
TITLE	D BCW BIOK	☐ DELE <b>t</b> e			2.1 TITLE				Change	MODILION L		
NAME	REW, RICK				22 N							
STREET ADDRESS		OWSHIP ROAD			1		ADDRESS				İ	
CITY-ST-ZIP	DONER G	A 30085-1528		DELETE	2.4C	ITY-S	ST - Z(P			Change	Addition	
TITLE	_	B, RICHARD A		DULLIE	3.1 II		•			UII VIIAIIY		
NAME STREET ADDRESS		OWSHIP RD.					ADDRESS					
CITY-ST-ZIP		A 30085-1528				ITY-S						
TITLE	D	U 00000-1050		DELETE	4.1 TI		1-211			Change	Addition	
NAME	_	RICHARD K			4. 2 N						_	
STREET ADDRESS		OWSHIP RD.					ADDRESS				l	
CITY-ST-ZIP		A 30085-1528				TY-S					i	
TITLE	700121			DELETE	5.1 TI					Change	Addition	
NAME					5.2 N	<b>AME</b>					į	
STREET ADDRESS					5.3 S	rreet .	address				[	
CITY-ST-ZIP						TY-\$1					ŀ	
TITLE			****	DELETE	6.1 TI					☐ Change	Addition	
NAME					6.2 N	<b>W</b> E					ł	
STREET ADDRESS					6.3 S	FREET.	ADDRESS					
CITY-ST-ZIP	1					TY-51						
14, I hereby o	certify that the in	formation supplied wit	h this filing d	oes not qualify f	or the exe	empt	tion stated	in Sec	ction 119.07(3)(i), Florida Statutes. I furthe	r certify that t	ne 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 il changed on an argument with in address