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

Mailing Address

1633 PERIWINKLE WAY, SUITE A SANIBEL FL 33957-4404

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

1633 PERIWINKLE WAY, SUITE A

SIGNATURE:

SAMBEL FL 33957



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

3a. Date of Last Report

2-5-97 941-472-1000

3. Date Incorporated or Qualified

07/15/1996

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059645 (7)

DELTA OFFICE PRODUCTS OF FLORIDA, INC.

2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Ap	plied For	
ម		26				45-0487100	No	t Applicable	
Suite, Apt. # etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	8.75 A Fee Re		
City & State	9	City & State				6. Election Campaign Financing	\$5.00	·	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country Z _I p Cou			This corporation has hability for intalligible tax officer 8. 158,002.					
24 25 29 30				Florida Statutes Yes 🔥 No					
9, Name and Address of Current Registered Agent					N	10. Name and Address of New Registered Age	nt		
MORTI, IMOTHES				B1	Name				
				82 Street Address (P.O. Box Number is Not Acceptable)					
SANIBEL FL 33957									
				83					
				В4	City	FI ⁽	IS Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				OVE-F	named corp	oration submits this statement for the purpose of ch	anging it	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 hyper or printed harve of registered agent	and title it applicable (f	NOTE: Registered	Agent	signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12	
TITLE	PRESIDENT/DIRECTOR	DELETE	1.1 TITL	LE.			Change	Addition	
NAME	TIMOTHY J. MURTY			ME					
STREET ADDRESS	4.444			REET AC	ODRESS				
CITY - S1 - ZIP				Y-ST-	219				
TITLE		☐ DELETE	2.1 TITL				Change	Addition	
NAME			2.2 NAN	WE					
STREET ADDRESS			2.3 STR	EET AC	OORESS				
CITY - S1 - ZIP			2. 4 CIT	IY-ST-	ZIP				
TITLE		DELETE	3.1 TITL	LE			Change	☐ Addition	
NAME:			3.2 NAM	MÉ					
STREET ADDRESS			3.3 STR	EET AE	DORESS				
CITY - ST - ZIP			3.4. CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITU	L E			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET AL	DDRESS				
CITY - ST - 7IP			4.4 CIT	Y-ST-	ZIP				
31116		DELETE	5.1 TITL	LE			Change	Addition	
NAME			5.2 NAN	ME					
STREET ADDRESS			5.3 STR	REET AL	DDRESS				
CITY - S1 - ZIP			5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 T(T)	LE			Change	Addition	
NAMé			6.2 NAM	ME					
STREET ADDRESS			6.3 STA	REET AL	DORESS				
CITY - ST - 7IP			6.4 CIT						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the corporation or the residence of the corporation or the residence of the corporation of the residence of									