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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF ST

## Sandra B. Mortham

**FILED** 

May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000062434 (1)

**DELTA INTERIORS, INC.** 

Principal Plac	e of Business		Ma	iling Addres	S	· · · · · · · · · · · · · · · · · · ·				
9977 WESTVIEW DRIVE SUITE #126 CORAL SPRINGS FL 33076			997 SU	9977 WESTVIEW DRIVE SUITE #126 CORAL SPRINGS FL 33076-2501						
								<ol> <li>Date Incorporated or Qualified 07/24/1996</li> </ol>	3a. Date of Last	Report
2. Principal Place of Business				28. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #. etc.			26	Suite Act # etc				65-068 7208		Vot Applicable
22				Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
Zip Country			28	Zip Country				1rust Fund Contribution Added to Fees		
24	25		29	··~ )				8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes		
#T	g, Name and Address of Curren					301	. n.n	10. Name and Address of New Registered Agent		
RAN	IFIELD, GAIL V					81	Name		<u> </u>	
	7 WESTVIEW D					82	Ctrook Add	lress (P.O. Box Number is Not Acceptate	1-1	
	TE #126					02	SHEEL AGO	iless (F.O. Box number is Not Acceptar	ie)	
CORAL SPRINGS FL 33076						83				
						84	City		FL 85 Zip	Code
Office or r	registered agent,	or both, in the Sta	le of Florid	la. Such cha	nge was a	uthorized by	the corpora	poration submits this statement for the patients board of directors. I hereby acception's	urnona of obspaina	its registered
SIGNATURE	ım tamıllar with, a	and accept the obli	gations of	, Section 607	.0505, Flos	nda Statutes	i.			
12,	Signature, typed or pr	inted name of registered a OFFICERS A			(NOTE	<u> </u>	nt signature requ	fred when reinstating)	DATE	100 111 40
TITLE	D	OFFICENSA	NLZ LZINE.C		ELETE	13.	Т	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	_	BAIL WISSNER		Ç.		1.2 NAME			L Onlings	( Addition
STREET ADDRESS	9977 WEST					1.3 STREET	ADDRESS			
CITY-ST-ZIP		NGS FL 33076				1.4 CITY - S	1			
TITLE	D			. 🗆		2.1 1111.6			☐ Change	Addition
NAME	N. CATI	1ERINE	PHIL	LIRS		2.2 NAME				
STREET ADDRESS	9977	NESTUISU	J DA	ive"		2.3 STREFT	ADDRESS			
CITY-ST-ZIP	CORA	JERINE NESTVIEU L SPRIN	365	FL 33	076	2. 4 CITY - 5	51 - ZIP			
TITLE				. 🗆 0	ELETE	3.1 1111.8			Change	Addition
NAME						3.2 NAME				
STREET ADDRESS						3.3 STREET	ADDRESS			
CITY-ST-ZIP						3.4. CHTY-S	11-71P			· · · · · · · · · · · · · · · · · · ·
TITLE				Lμ	LLFTE	4.1 TITLE			L Change	L Addition
NAME						4. 2 NAME				
STREET ADDRESS						4.3 STREET				
CITY-ST-ZIP TITLE					ELFJE	4.4 CITY - S 5.1 TITEF	1 - ZIP		Change	Addition
NAME				_ · ·		5.2 NAML			L_J Change	L_I Addition
STREET ADORESS						5.3 STREET	ADDRESS			,
CITY-ST-ZIP						5.4 CHY-S				
TITLE					ELETE	6.1 THE	1-61		Change	Addition
NAME						6.2 NAME				
STREET ADDRESS						63 STREET	ADDRESS			
CITY-ST-ZIP						64 CITY-S	T - 71F'			
14. Ldo heret	by certify that the	information suppli	ed with thi	s filing does	not qualify	for the eve	mplion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify tha	d the
iam an o	iticer or director	nis annual report or of the corporation o ock 13 if changed.	or the rees	uver or truste	e empowe	pred to exec	rate and tha ute this repo	it my signature shall have the same lega rt as required by Chapter 607, Florida S	i effect as if made ui tatules; and that my	nder oath; that name