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Secretary of State

PROFIT CORPORATION ANNUAL REPORT, 1997

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

DOCUMENT # P96000087083

1. Corporation Name
DELTA VAN LINES INC.

Principal Place of Business
5252 N.W. 113 AVE.
CORAL SPRINGS FL 33078

Mailing Address
5252 NW 113 AVE
CORAL SPRINGS FL
33076-3007

3. Date Incorporated or Qualified: 10/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1919 N.W. 19TH ST.
Suite, Apt. #, etc.
22 SUITE 2D
City & State
23 FORT LAUDERDALE, FL
Zip
24 33311
Country
25 USA

2a. Mailing Address
26 1919 NW 19TH ST
Suite, Apt. #, etc.
27 SUITE 2-D
City & State
28 FORT LAUDERDALE FL
Zip
29 33311
Country
30 USA

4. FEI Number: 65-0707123 ☐ 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

NUZZI, DOMINICK
5252 N.W. 113 AVENUE
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

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 (Must be typed name of registered agent, or title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☑ Addition PRES. DOMINICK NUZZI 1400 SO OCEAN DR. #806 HOLLYWD, FL-33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition V.P. DOMINICK S. NUZZI 5252 N.W. 113 AVE CORAL SPRINGS FL-33078
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☑ Addition SECRETARY EILEEN NUZZI 2750 S. OCEAN BLVD. #108 HOLLYWOOD, FL-33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☑ Addition D MARY NUZZI 1400 SO OCEAN DR. HOLLYWOOD, FL-33019
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 400002129394 -04/01/97--01006--001 ***165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 3-31 JR

CR2E034 (9/96)

14. I/We 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 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: Dominick Nuzzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97
Date

954-5228889
Daytime Phone #