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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Sucretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059439

1. Corporation Name

DELTA INVESTMENTS ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
471 NW 72ND AVE AUDERHILL FL 33319 IS	4471 NORTH WEST 72 AVENUE LAUDERHILL FL 33319		
2. Principal Place of Business	2a. Mailing Address		

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90161 038 ***150.00



4471 NW 72ND LAUDERHILL FL US		4471 NORTH WEST 72 AVENUE LAUDERHILL FL 33319				DO NOT WRITE IN THIS	SPACI	£	
03						3. Date Incorporated or Qualifed 07/07/1997			
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number 65-0828520	-		plied For t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc		-		Certificate of Status Desired	•		Additional quired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be o Fees
Zip 24	Country 25	Zıp	Countr	Гу		This corporation owes the current year Inta Personal Property Tax.	☐ Ye		[X No
	9. Name and Address of Current f	Registered Agent		_		10. Name and Address of New Registered	Agent		
пітті	TO CADL C		8	1	Name				
PITTER, CARL S 7447 NORTH WEST 57 STREET			8		Street Addre	dress (P.O. Box Number is Not Acceptable)			
IAM	ARAC FL 33319		8	3					
			8	4	City	FI	85	Zip C	Code
agent. ai	n familiar with, and accept the obligatio	ns of, Section 607 0505 Flor	nda Statute	es		on's board of directors. I hereby accept the appoint the directors of the			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTO	RS IN 12
TUTLE	D	☐ DELETE	: 1 TITLE	_			Ch	ange	Addition
NAME	SMITH, DONALD L		1.2 NAME	Ξ					
STREET ADDRESS	4471 NORTH WEST 72 AVENUE		13 STRE	ET /	ADDRESS				
CITY-ST-ZIP			1.4 CITY-		- ZIP				(Addition
TITLE	- n		2 ; TITLE				☐ Ch	ange	Addition
NAME	SMITH, DORRELL M		2.2 NAVE						
STREET ADDRESS	4471 NORTH WEST 72 AVENUE		D		ADDRESS				
CITY-ST-ZIP TITLE			2 4 CITY		ZIP		☐ Ch	ange	Addition
NAME		C3 Occi.	3.2 NAME						_
STREET ADDRESS			li l		ADDRESS				
CITY-ST-ZIP			34 CITY	- ST	r- ZIP				
TITLE		DELETE	4 1 TITLE				Ch	ange	Addition
NAME			4 2 NAM	E					
STREET ADDRESS			43 STRE	ET/	ADDRESS				į
CITY-ST-ZIP			4.4 CITY	_	- ZIP				
TITLE		☐ DELETE	5 1 THILE				☐ Ch	ange	Addition
NAME			5.2 NAME		*DDDECC				į
STREET ADDRESS			53 STRE 54 CITY-		ADDRESS				ļ
CITY-ST-ZIP		T) DELETE	6 1 TiTLE		-(IP		Ch	ange	Addition
TITLE		C) DELETE	6.2 NAME					ungo	
NAME			n n		ADDRESS				ı
STREET ADDRESS			USSIRE	_ / /	DDD.((3)				Į

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE AND TYPED ER OR DIRECTOR