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 # 1. Corporation Name P97000059955 (9)

DELTA DISTRIBUTING, INC.

FILED Mar 27 1998 8:00am Secretary of State



				1
Principal Place	e of Business	Mailing Address		
2 EAST CAMINO REAL STE. 113 BOCA RATON FL 33432		2 EAST CAMINO REAL STE BOCA RATON FL 33432	. 113	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/09/1997
9 Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
	CRAW Ford Blud		ed Blod	65-0763458 Not Applicable
21 30 1 Suite, Apt. 6		Suite, Apt. #, etc.	20 3000	\$8.75 Additional
22 204		27 20 Y		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Boc		28 BOCA RATOR	s. Florida	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 334	32 25 PALM BEACH	29 33432 30	Pour Brack	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Registered Agent
KELLOGG, RICHARD A JR. 81 Name				
				dress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			301	CRAWford BLUD.
			83 5 u	ite 204
			84 City	
			1300	
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, Vysed or printed referred registered again glid till of applicable. (NOTE: Registered Agent Signature required user binstating) DATE				
Signature, tyled or printed nature of registered agen and till applicable. (NOTE Registered Agent signature required when bit 12. OFFICERS AND DIRECTORS 13. AD				the Dien Shield Shield
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D NELLOCO BIOLIABD A ID	C pricit	1.2 NAME	Carlonal Carlon
NAME	KELLOGG, RICHARD A JR.	10	12 NAME	BOI CRAWford Blod. Suite 204
STREET ADDRESS	2 EAST CAMINO REAL STE. 1	เง		30CA
CITY-ST-ZIP	BOCA RATON FL 33432	DELETE	1.4 CITY-ST-ZIP /	Change Addition
TITLE		Dittelf.	2.2 NAME	
NAME .			2.3 STREET ADDRESS	
STREET ADDRESS			2. 4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		_	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	İ
STREET ADDRESS			5.3 STREET ADORESS	
CITY-ST-ZIP			5.4 C/TY - ST - Z/P	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u></u>
44 I borobus	and that the information europine with	this filing does not qualify for t		n Section 119.07(3)(i). Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner 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.