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 P97000072820 (8)

DELTA RENTALS, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					(100 IFOUT FILE LOSIN FOUN FOUND	KAR ODAK ODAH IN	YAR HERVI TETAN ITA	ANI BONI IBON
111 TECH DRIVE SANFORD FL 32771		111 TECH DRIVE SANFORD FL 32771			DO NOT W	RITE IN THIS	SPACE	
					3. Date Incorporated or Quality	ied		
					08/22/1997			
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Ar	plied For
		26	· *·* ··· · · · · · · · · · · · · · · ·				No.	t Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.	. -¬		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State	City & State		Election Campaign Financia Trust Fund Contribution	9 🗆	\$5.00 Added 1	
Zip	Country Zip		Count	79 8. This corporation owes or has paid the current year Intangib				
24	25	29	30		Personal Property Tax due	•		No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
AMERILAWYER CHARTERED				81 Name ROBERT GIBSON				
343 ALMERIA AVENUE			- la	2 Street Addr	ess (P.O. Box Number is Not Acce	otable)		
CC	PRAL GABLES FL 33134		L		I TECH DRIVE	,piaoloj		
			[8	3		• • • •		
			8	4 City	IANFORD	FL	85 Zip (Code 2 7 1
11 Purcuant	to the provisions of Sections 607.05	A2 and 607 1508 Florida Statut	os the abo	ve-pamed corp	poration submits this statement for			
office or r	egistered agent, or both, in the Stat	te of Florida. Such change was a	-beziroritue	by the corporati	ion's board of directors. I hereby a	ccept the ap	pointment as	registered
I	m familiar with and accept the obli	galions of Section 607.0505, File	orida Statul	es.	REMSURER	2/4/	98	1
SIGNATURE	She altural great or period mane of roal should a			gont signature require		DATE		 [,
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	MONTGOMERY, CHARLES W 12 N		1.2 NAM	E Ì				13
STREET ADDRESS			1.3 STREET ADDRESS					}
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY	- ST- 21P				Į.
TITLE	SD	DELETE	2 1 TITLE				Change	Addition
NAME	LUPO, FRED	22 N		E				- 1
STREET ADDRESS	111 TECH DRIVE 23		23 STRE	ET ADDRESS				J
CITY-ST-ZIP	SANFORD FL 32771			'-ST-ZIP				
TITLE			3.1 11111				☐ Change	Addition
NAME			3 2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				į
CITY-ST-ZIP	SANFORD FL 32771		3.4. CITY	-ST-ZIP	·	···		
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	IF .				1
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		DILLETE	5.1 TiTLE				☐ Change	Addition
NAME			5 2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS				i
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		DELETE	6 1 TITLE				Change	Addition
NAME			62 NAM	E				[
STREET ADDRESS			6.3 STRE	et address				
CITY-ST-ZIP			6.4 CITY					
14. Thereby o	certify that the information supplied	with this filing does not qualify for	or the exem	ption stated in a	Section 119.07(3)(i), Florida Statut	es. I further c	ertify 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

RUBERT E. GIBSON

407-328-3000