

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90001 001 ***150.00

DOCUMENT # P98000055070

1. Corporation Name

DELTA PROPERTY HOLDINGS, INC.

Principal Place of Business

501 GOLDEN ISLES DR., STE. 206C
HALLANDALE FL 33009

Mailing Address

501 GOLDEN ISLES DR., STE. 206C
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1998

2. Principal Place of Business

21 410 E. HALLANDALE

Suite, Apt. #, etc.

22 #201

23 HALLANDALE FL

24 Zip 33009 Country USA

2a. Mailing Address

26 410 E. HALLANDALE

Suite, Apt. #, etc.

27 #201

28 HALLANDALE FL

29 Zip 33009 Country USA

4. FEI Number

65-0841848

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI
501 GOLDEN ISLES DR., STE. 206C
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name BARTSOCAS, KIKI
82 Street Address (P.O. Box Number is Not Acceptable)
410 E HALLANDALE BCH BLVD
83 ~~HALLANDALE~~ #201
84 City HALLANDALE FL 85 Zip Code 33009

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARTSOCAS, GUS
STREET ADDRESS 501 GOLDEN ISLES DR., STE. 206C
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE

NAME BARTSOCAS, KIKI
STREET ADDRESS 501 GOLDEN ISLES DR., STE. 206C
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 410 E. HALLANDALE #201
1.4 CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 410 E. HALLANDALE #201
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIKI BARTSOCAS

3/19/99

Date

954-456-3131

Daytime Phone #

CR2E034 (11/98)

012266