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FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90260 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000074663

1. Corporation Name
DELTA TRANSFER CORP.

Principal Place of Business	Mailing Address
3300 NORTHWEST 27TH AVENUE POMPANO BEACH FL 33069	3300 NORTHWEST 27TH AVENUE POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1951 N. Powerline Road
22 Suite, Apt. #, etc.
23 City & State: Pompano Beach, Fl
24 Zip 33064 25 Country

2a. Mailing Address
26 2075 N. Powerline Road
27 Suite, Apt. #, etc.
28 City & State: Pompano Beach, Fl
29 Zip 33069 30 Country

3. Date Incorporated or Qualified
08/26/1998

4. FEI Number
65-0858908
☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Patrick F. Marzano
82 Street Address (P.O. Box Number is Not Acceptable): 4900 North Ocean Blvd, Apt #821
83
84 City: Fort Lauderdale FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1548, 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: Patrick F. Marzano 5-10-99
Signature, type or print name of registered agent and 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARZANO, PATRICK F	1.2 NAME	
STREET ADDRESS	3300 NORTHWEST 27TH AVENUE	1.3 STREET ADDRESS	4900 North Ocean Blvd, Apt #821
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Fort Lauderdale, Fl 33308
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

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: Patrick F. Marzano
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)