

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candace B. Walker
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY - 1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50200**
DELTA STAR INTERNATIONAL, INC.

(2)

Principal Place of Business: **12220-4 SAG HARBOR COURT WEST PALM BEACH FL 33414**
Mailing Address: **12220-4 SAG HARBOR COURT WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 04/30/1991	3b. Date of Last Filing 04/21/1994
4. FEI Number 65-0262641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has failed to comply with Chapter 130, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Name of Corporation 21	2a. Mailing Address 26
3. State of Incorporation 22	3a. State of Mailing 27
4. City and State 23	4a. City and State 28
5. Name 24	5a. Name 29
6. Name 25	6a. Name 30

9. Name and Address of Current Registered Agent

**NEWBOLD, ROBERT MILLER
12220-4 SAG HARBOR CT
W PALM BCH FL 33414**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 provisions of Sections 607.0402 and 607.1504, Florida Statutes.

SIGNATURE: *Robert M. Newbold* **Robert M. Newbold** **3 May 1995**

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	NEWBOLD, ROBERT MILLER
STREET ADDRESS	12220-4 SAG HARBOR CT
CITY AND STATE	W PALM BCH FL
TITLE	D
NAME	NEWBOLD, ELIZABETH Z.
STREET ADDRESS	12220-4 SAG HARBOR CT
CITY AND STATE	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY AND STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY AND STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY AND STATE	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (If 12)

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY AND STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally for the exemption stated in Section 130.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 of this report or on an attachment with an address.

SIGNATURE: *Robert M. Newbold* **Robert M. Newbold** **3 May 1995** **407 791 3036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR