SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91609

(5)

Mailing Address

DELTA INVESTMENT REAL ESTATE & DEVELOPMENT, INC.

FILED Sep 17 1997 8:00am Secretary of State

|--|

47200 PRIMAVERA CIRCLE 17200 17200 TREES-PRIMAVERA CIRCLE CAPE CORAL FL 33909 US			DO NOT WRITE 3. Date Incorporated or Qualified 11/04/1991	IN THIS SPACE 3a. Date of Last Report 04/09/1996
2. Principal Place of Business 21 /9200 PRIMAYERA CIR	2a. Mailing Address 7411	ALCO O CLA	4. FEI Number	Applied For
21 19200 PRIMAYERA CIR	26 17200 /4/	DATER D CO	65-0294136	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
CAPE CORAL FL	City & State Co	eal fc	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
33909 25 Country		Country LEE	8. This corporation owes or has pai Personal Property Tax due June	30. Yes 🔀 No
9, Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
MEADE, MICHAEL L.		of Name		
17200 PRIMAVERA CIRCLE CAPE CORAL FL 33909		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
CAPE CORAL PL 33909		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the p	urpose of changing Its registered
agent. I am familiar with, and accept the obliga			on's board or directors. Thereby accep	it the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered age 12. OFFICERS AND		Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TOLE	ADDITIONS/OFFARINGES TO OFFICE	Change Addition
NAME MEADE, MICHAEL L		1.2 NAME		_ ,
	17200	1.3 STREET ADDRESS		
CITY-ST-ZIP CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS .		2.3 STREET ADDRESS		
CITY-ST-ZIP	Decem	2. 4 CITY-ST-2IP		DAL DAL
TITLE	L_] DELETE	3.1 TITLE		Change Addition
NAME CTREET ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP				
TITLE		4.4 CITY-ST-ZIP		
	☐ DELETE	4.4 City-St-ZIP 5.1 Title		☐ Change ☐ Addition
NAME	DELETE			Change Addition
,	☐ D€LETE	5.1 TITLE		Change Addition
NAME		5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

4. I do 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 feceiver 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.

CICNATURE.

STOWN STOWN

9-13-97 941-772-1556