Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90018 016 ***150.00

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

DOCUMENT # **S91609**

1. Corporation Name

DELTA II	nvestment real estati	E & DE	VELOPMENT, II	NC.						
Principal Place	of Business	Ma	iling Address				S INDIVIDUO ESE POSEN DESENDANTE ERREN DEST OFF			iii 3 1811 1881
17200 PRIMAVE		172	00 PRIMAVERA CIRCL	F			•			
CAPE CORAL FL 33909 CAPE CORAL FL 33909			_							
US US							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							11/04/1991			
2. Principal Pl	lace of Business	2a.	Mailing Address				4, FEI Number	Ц	<u> </u>	ied For
21		26				65-0294136 Not Applicable				
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Ad Requ	ditional uired
City & State	e		City & State				6. Election Campaign Financing	\$5.	00 м	lay Be
23		28					Trust Fund Contribution	Add	led to	Fees
Zìp	Country		Z ip	Col	untry		8. This corporation owes the current year		_	.
24	25	29		30			Personal Property Tax.	☐ Yes	L	□No
	9. Name and Address of Curre	nt Regist	ered Agent	_	 		10. Name and Address of New Register	ed Agent		
					81	Name				
	DE, MICHAEL L.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	00 PRIMAVERA CIRCLE									
CAPI	E CORAL FL 33909				83					
				84 City		. 85	85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute							-	L	. 14	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florid:	a. Such change was	autnonze	a by	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment a	s regi	stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	annicable (NO)	FE: Registere	d Agen	it signature required	(when reinstating) DATE			
12.	OFFICERS A			13.		it algibioro rodonot	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
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CITY-ST-ZIP			☐ DELETE	1.2 A 1.3 S 1.4 C	NAME STREET CITY-ST			Char	nge	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS