

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 # S91612

1. Corporation Name  
DELTAPLUS, INC.

Principal Place of Business

940 NW 4 AVE.  
BOCA RATON FL 33432

Mailing Address

940 NW 4 AVE.  
BOCA RATON FL 33432

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90168 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

65-0297083

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

2. Principal Place of Business

21 3665 "D" ROAD

Suite, Apt. #, etc.

22 LOXAHATCHEE, FL

City & State

23 LOXAHATCHEE, FL

Zip Country

24 33470 25 USA

2a. Mailing Address

26 3665 "D" ROAD

Suite, Apt. #, etc.

27 LOXAHATCHEE, FL

City & State

28 LOXAHATCHEE, FL

Zip Country

29 33470 30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, DON D.  
940 NW 4 AVE.  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name WILLIAMS, DON D.

82 Street Address (P.O. Box Number is Not Acceptable)  
3665 "D" ROAD

83

84 City LOXAHATCHEE FL 85 Zip Code 33470

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

(NOTE: Registered Agent signature required when reinstating)

3/10/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, DON D.  
STREET ADDRESS 940 NW 4 AVE.  
CITY-ST-ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME WILLIAMS, DON D.  
1.3 STREET ADDRESS 3665 "D" ROAD  
1.4 CITY-ST-ZIP LOXAHATCHEE, FL 33470

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Donald Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (561) 792-3863  
Date Daytime Phone #

CR2E034 (11/98)