

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03561

(0)

1. Corporation Name

DELTA FORWARDING, INC.

Principal Place of Business

7956 WEST 26TH COURT
HIALEAH FL 33016

Mailing Address

7956 WEST 26TH COURT
HIALEAH FL 33016

FILED
95 JAN 25 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1992	3a. Date of Last Report 02/18/1994
21		26		4. FEI Number 65-0313010	Applied For Not Applicable
22		27		5. Certificate of Status Desired	\$6.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CLIVE
7956 W. 26TH CT.
HIALEAH FL 33016

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COSLETT, PETER J	1.2 NAME	
STREET ADDRESS	2760 LA PAZ AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DEPASS, GEOFFREY S	2.2 NAME	
STREET ADDRESS	1484 N.W. 105TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	☒ Change ☐ Addition
NAME	HEPBURN, LLOYD R	3.2 NAME	
STREET ADDRESS	1484 LANSING AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLIVE	4.2 NAME	
STREET ADDRESS	14700 HIGHLAND SPRINGS COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL 33325	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEOFFREY DEPASS

1-11-95

Date

305-822-9977

Telephone Number