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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V03561

(0)

1. Corporation Name  
DELTA FORWARDING, INC.



Principal Place of Business

7856 WEST 26TH COURT  
HIALEAH FL 33016

Mailing Address

7856 WEST 26TH COURT  
HIALEAH FL 33016-2737

3. Date Incorporated or Qualified

01/02/1992

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

21 Suite Apt. # etc

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0313010

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

SMITH, CLIVE  
7856 W. 26TH CT.  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PO ☐ DELETE  
NAME COSLETT, PETER J  
STREET ADDRESS 2760 LA PAZ AVE  
CITY-ST-ZIP COOPER CITY FL

TITLE VD ☐ DELETE  
NAME DEPASS, GEOFFREY S  
STREET ADDRESS 1484 N.W. 105TH AVENUE  
CITY-ST-ZIP PLANTATION FL

TITLE VSD ☐ DELETE  
NAME HEPBURN, LLOYD R  
STREET ADDRESS 4119 LANSING AVENUE  
CITY-ST-ZIP COOPER CITY FL

TITLE VD ☐ DELETE  
NAME SMITH, CLIVE  
STREET ADDRESS 14700 HIGHLAND SPRINGS COURT  
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEOFFREY DEPASS

2-3-97

305-822-9977

Date

Daytime Phone #

CR2E034 (9/96)