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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1996

| DOCUMENT # V26778 (3) 1. Corporation Name | | | | | | | | | | | |
|--|---------------------|--|----------------|---|----------------------|-------------|----------------------------------|--|------------|----------------------------|-------------------------------------|
| DELM | MA ENTEH | APRISES, INC. | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | JAN BIRK BIRK | |
| 14023 LAKE PLACID CT Miami Lakes FL 33014 US | | | | 14023 LAKE PLACID CT. MIAMI LAKES FL 33014 US | | | | | | | |
| 5 Dissipal Di | | | - | | | | · | 3. Date Incorporated or Qualified 04/03/1992 | 3a. | Date of Last 08/07/ | |
| 21 26 | | | | · · · · · · · · · · · · · · · · · · · | | | 4. FEI Number 65-0343201 | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. 27 | | | | · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired | | | 5 Additional e Required | |
| City & State | e | | 28 | J | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be led to Fees |
| Zip 24 | 25 | | | Zip Country | | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\subseteq \text{No} \) | | | |
| | 9. Name a | and Address of Current | Regist | tered Agent | | | r-:: | 10. Name and Address of New | Register | red Agent | |
| DELAN | AUTO SANCELA | ur in | | | | 81 | Name | | | | |
| DELANEY, WILLIAM E. JR. 14023 LAKE PLACID CT. | | | | | L | 62 | Street Ac | t Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI LAKES FL 33014 | | | | | L | 83 | | | | | |
| | | | | | | 84 | City | | F | -1 ! | Zip Code |
| | | ns of Sections 607.0502 a oth, in the State of Florida the obligations of, Section | | | | e-n orpo | amed corp oration's bo | poration submits this statement for the proportion of directors. I hereby accept the app | <u>-</u> - | | registered office ed agent. I am |
| SIGNATURE | | | | | | | | | | | |
| 12. | Signature, typed or | printed name of registered agent and OFFICERS AND I | | | | Agent | t signature requ | ofred when reinstating) | DATI | | |
| TITLE | P | OF HOLIO AIRD | DINCO | DELETE | 13. | 1 F | | ADDITIONS/CHANGES TO OF | FICERS A | | |
| NAME | DELAN | EY, WILLIAM E. JR. | | | 1.2 NA | | 1 | | | Change | Addition |
| STREET ADDRESS | | LAKE PLACID CT | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | LAKES FL | | , | 1.4 CH | | 1 | | | | |
| TITLE | VP | | | DELETE | 2 1 TiT | | | | | Change | ☐ Addition |
| NAME | | k, brenddan | | | 2.2 NAM | ΛE | | | | F-1 | 1,00 |
| STREET ADDRESS | | W 85TH TERR | | | 23 STR | EET # | ADDRESS | | | | į |
| CITY - ST - ZIP | | OKE PINES FL | | | 2.4 CHY | Y-ST | Γ- ZiP | | | | |
| TITLE | S | TV BANKIO | | DELETE | 3 1 TITI | LE | | | | Change | Addition |
| NAME | Į. | EY, DAWN C | | | 3 2 NAM | Æ | | | | | |
| STREET ADDRESS | | LAKE PLACID CT | | | | | ADDRESS | | | | |
| C-TY-ST-ZiP THILE | MINNI L | LAKES FL | | DELETE | 3.4 C(T) | | - 2(P | | | | |
| NAMÉ | | | | ☐ bereie | 4.11(1) | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | | 4.2 NAM | | | | | | |
| CITY-S1-ZIP | | | | | | | ADDRESS | | | | |
| TIT.F | | | | DELETE | 4.4 CITY 5.1 TITL | | -Zir | | · | [] Change | Addition |
| NAME | | | | | 5 2 NAM | | | | | L.J. Onlango | [] Wonton |
| STREET ADDRESS | | | | | | | ADDRESS | | | | |
| C/TY-ST-Z/P | | | | | 5.4 CITY | | | | | | |
| TITLE | | | | ☐ DELETE | 6. 1 TITL | ~ | | | | ☐ Change | ☐ Addition |
| NAME | | | | | 52 NAM | IE | | | | | |
| STREET ADORESS | | | | | 63 STRE | ELLY | ADDRESS | | | | |
| CITY-ST-ZIP | nortification the | | | | 6.4 CiTY | -51- | - ZIP | | | | |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

4/25/96 305 557-2203