Apr 28, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61250

1. Corporation Name

DELTACAD DRAFTING AND DESIGN, INC.

2 FLORIDA P		s	Mailing Addres 5 FLINT PLACE		<u></u>							
PALM COAST FL 32137 PALM COAST FL 32137				L 32137					DO NOT WE	RITE IN TH	IS SPACE	
US US							-	3. Date Incorpor			10 01 1100	
								08/31/1992				
2 Principal	Place of Busin	2005	2a, Mailing Add	dress				4. FEI Number	<u> </u>		TA	pr lied For
≕ ′			26				59-314549	6			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	A Iditional	
22			27			ì	5. Certificate of S	Status Desired			tec uired	
City & State			City & State				6 Election Cami	paign Financing		\$5.00	May Be	
23			28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			-		
Zip		Cour try	Zip		Country	, 		8. This corporati	on owes the cu	rrent year	ntangible	
24		25	29	[30			Persor al Prop			Ŭ Yes	1 No
	9. Name	and Address of Curre						0. Name and A	dress of New	Register	ed Agent	
					81	Name						
ES	posito, mic	CHAEL A			82	<u> </u>	A = J	/D.O. Roy Numb	or in Not Apper	atable)		
5 FLINT PLACE					82	Street	Acuress	(P.O. Box Numb	er is ivut Accep	Jiable)		
PA	LM COAST F	L 32137			83	,						<u></u>
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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 a inual 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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Change

Addition