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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation										
•	R DELIGHT, INC.									
Principal Place of Business Mailing Address										
250 UNIVERSITY BLVD: 250 UNIVERSITY DAYTONA BEACH FL 32118 DAYTONA BEACH				VERSITY BLVD. A BEACH FL 32118						
							3. Date Incorporated or Qualified 09/11/1992	За.	Date of Last F 06/21/	•
2. Principal Place of Business			. Mailing Adoress			4. FEI Number 59-3153588			Applied For Not Applicable	
Suite, Apt. #	i etc	26	Suite, Apt. #, etc.					· · · ·	\$8.7	5 Additional
2		27	. ,				5. Certificate of Status Desired		Fee	Required
City & State			City & State				Election Campaign Financing Trust Fund Contribution		-	00 May Be ed to Fees
Zip	Country	28	Zφ	Cou	intry	 ,	8. This corporation has liability for	intangi		
24	25	29		30			Florida Statutes 🔲 Yes		No.	
	9. Name and Address of Curre	ent Regis	stered Agent		ļ.,.	T	10. Name and Address of New F	legiste	ered Agent	
					81					
SIMON, YVONNE C					82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)		
250 UNIVERSITY BLVD.					83					
DAYTO	NA BEACH FL 32118								Toe [Zip Code
					84	City			FL 85 2	ah coos
SIGNATURE .	Signar of Justice Charles of the Justice Lay	no (3) NO DIRE		ETE Flagistice		nt sejnař ze rispor	an what constainty: ADDITIONS/CHANGES TO OFF	D.	ATE S AND DIFFECT	
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NAME	SIMON, YVONNE C.			121	MAME					
STREET ADDRESS	250 UNIVERSITY BLVD.					LADDRESS				
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TITLE NAME					NAME				_	
STREET ADDRESS				235	STREE	LADDRESS				
CITY - ST-ZIP				240	CITY	ST-ZIP				
TiTLE			DELETE		111.6				Change	e 🔲 Addition
NAMÉ					NAME	ET ADORESS				
STREET ADDRESS						S1 - ZIP				
CITY-ST-ZIP TITLE			☐ DELETE		T:TLE				☐ Charig	e 🔲 AdJition
NAME				4.2	NAME					
STREET ADDRESS						EF ADDRESS				
CITY - ST - ZIP			E) belette			ST-ZIP			Chang	e 🔲 Addition
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NAME						ET ADDRESS				
STREET ADDRESS						ST-ZiP				p
CITY - ST - ZIP TITLE			DELETE		Title				Chang	ie libbA 🔲 si
NAME				6.2	NAME					•
STREET ADDRESS				63	STREE	ET ADDRESS				•
	į			F. 4	Cdb	SE-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 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 of 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 aridress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-96 Degree Plane