

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
Division of Corporations

APPROVED  
FILED

MAY - 1 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J38406** (1)

1. Legal Name  
**THUNDERBIRD EXPRESS, INC.**

Principal Place of Business  
**1398 SEMORAN BLVD. STE 100  
CASSELBERRY FL 32707-3557**

Mailing Address  
**1398 SEMORAN BLVD. STE 100  
CASSELBERRY FL 32707-3557**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **10/15/1986** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2730555** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 County

28 Zip

30 County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LADAN, ZELDA M.  
4653 TIFFANY WOODS CIRCLE  
OVIEDO FL 32765**

B1 Name

B2 Street Address (P.O. Box Number is Not Applicable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 607.0532, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent or Registered Agent Candidate)

(Print Name of Agent or Registered Agent Candidate)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	DP	
NAME	LADAN, AMIR H.	
STREET ADDRESS	4653 TIFFANY WOODS CIR	
CITY & STATE	OVIEDO FL	
OFFICER	DST	
NAME	LADAN, ZELDA M	
STREET ADDRESS	4653 TIFFANY WOOD CR	
CITY & STATE	OVIEDO FL	
OFFICER		
NAME		
STREET ADDRESS		
CITY & STATE		
OFFICER		
NAME		
STREET ADDRESS		
CITY & STATE		
OFFICER		
NAME		
STREET ADDRESS		
CITY & STATE		

14 OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME		
16 STREET ADDRESS		
17 CITY & STATE		
18 OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME		
20 STREET ADDRESS		
21 CITY & STATE		
22 OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME		
24 STREET ADDRESS		
25 CITY & STATE		
26 OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME		
28 STREET ADDRESS		
29 CITY & STATE		
30 OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME		
32 STREET ADDRESS		
33 CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information included 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. I am an officer or director for the corporation or the registered agent for the corporation and I am qualified to execute this report or request by Chapter 220, Florida Statutes, and that my name appears in Block 12 or Block 13. I have filed this as an attachment with an address:

SIGNATURE:

Zelda N. Ladan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

(407) 679-7636