

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -7 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03394

1. Corporation Name

Postage Plus Mailing Services Inc

Principal Place of Business

2801 North Course Drive #L-102
Pompano Beach Florida
33069

Mailing Address

2801 North Course Drive #L-102
Pompano Beach Florida
33069

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Barnes, Kirk Lee
2801 North Course Drive #L-102
Pompano Beach Florida 33069

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 established on 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and the applicable

Signature of Registered Agent (signature required on filing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D
NAME Barnes, Kirk Lee
STREET ADDRESS 2801 North Course Drive #L-102
CITY-ST-ZIP Pompano Beach Florida 33069

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

500002321345--2
-10/15/97-01099-002
*****550.00 *****550.00

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 its registered 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 checked, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk Barnes President 9/19/97 954-974-8376

CR2E034 (9/96)