

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033041 (3)

1. Corporation Name

PRECISION DELIVERY SYSTEMS, INC.



Principal Place of Business Mailing Address
9350 S. DIXIE HIGHWAY SUITE 900 MIAMI FL 33156

3. Date Incorporated or Qualified **05/04/1993** 3a. Date of Last Report **03/16/1995**
4. FEI Number **65-0405938** 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**
8. 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 Zip 28 Zip Country 29 Zip Country 30

g. Name and Address of Current Registered Agent

**PUCK, ROBERT J
9350 S. DIXIE HIGHWAY SUITE 900
SUITE 900
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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 of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of the corporation (if not applicable)

Signature of Registered Agent (if not applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BLANK, ANDY
STREET ADDRESS	3455 N.W. 54TH ST.
CITY - ST - ZIP	MIAMI FL 33142
TITLE	P <input type="checkbox"/> DELETE
NAME	BAILEY, WILLIAM
STREET ADDRESS	3455 NW 54 ST
CITY - ST - ZIP	MIAMI FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	PUCK, ROBERT J
STREET ADDRESS	9350 S. DIXIE HWY #900
CITY - ST - ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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***200.00**

ACB
4-23-96

SIGNATURE:

Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 305-600-2277

CR2E034 (12/95)