


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90019 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
 1. Corporation Name  
**TOMAHAWK MAIL AND COMMUNICATIONS  
 DBA MAIL BOXES ETC # 881**

Principal Place of Business      Mailing Address  
**4630 S. KIRKMAN RD  
 ORLANDO, FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/14/93**

2. Principal Place of Business 21 <b>4630 S. Kirkman Rd</b>	2a. Mailing Address 26 <b>4630 S. Kirkman Rd</b>	4. FEI Number <b>59-3202021</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State <b>Orlando FLORIDA</b>	28 City & State <b>Orlando, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>32811</b>	25 Country <b>USA</b>	29 Zip <b>32811</b>	30 Country <b>USA</b>

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**Michael Resnick Esq. P.A.  
 1342 E. Vine St. # 236  
 Kissimmee, FL 34744**

10. Name and Address of New Registered Agent  
 81 Name **Michael Resnick Esq. P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1342 E. Vine St. # 236**  
 83  
 84 City **Kissimmee** FL 85 Zip Code **34744**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>president.</b>	<input type="checkbox"/> DELETE
NAME	<b>Donna L. Morris</b>	
STREET ADDRESS	<b>456 SUNDOWN TRAIL</b>	
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	
TITLE	<b>vice president</b>	<input type="checkbox"/> DELETE
NAME	<b>JEFFREY I. MORRIS</b>	
STREET ADDRESS	<b>3350 LASALLE AVE</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL 34772</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>James I. Morris</b>	
STREET ADDRESS	<b>456 SUNDOWN TRAIL</b>	
CITY-ST-ZIP	<b>Casselberry, FL 32707</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Thamy L. Morris</b>	
STREET ADDRESS	<b>3350 LASALLE AVE</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL 34772</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 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.

SIGNATURE: **Jeffrey I. Morris** / 14/99 (407) 578-6322  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)