

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 044 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000062197

Corporation Name

DELIVERY AND RELOCATION SERVICES, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 12704 WOODMILL DRIVE PALM BEACH GARDENS FL 33410 | 12704 WOODMILL DRIVE PALM BEACH GARDENS FL 33410 |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified | 07/13/1998 |
| 4. FEI Number | 125-0876820 |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing - Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------|---------------------|
| Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | | |
|---|--|---|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SCHARNITZ, BRIAN J 12704 WOODMILL DRIVE PALM BEACH GARDENS FL 33410 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL |
| | | 85 Zip Code | |

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: _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| <input type="checkbox"/> DELETE D SCHARNITZ, BRIAN J 12704 WOODMILL DRIVE PALM BEACH GARDENS FL 33410 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE D SCHARNITZ, ALFRED J 12704 WOODMILL DRIVE PALM BEACH GARDENS FL 33410 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Secretary Rachelle A. Scharnitz 12704 Woodmill Dr. Palm Beach Gardens, FL 33410 |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)