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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # V35828

1. Corporation Name

CERTIFIED MAIL PREP, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90030 034 \*\*\*150.00



Principal Place	of Business	Mailing	Address					•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
9951 ATLANTIC BLVD.			9951 ATLANTIC BLVD.										
#470		#470						-	O NOT WE	ITE IN THIS	SPACE	:	
JACKSONVILLE	FL 32225	JACKSONVILLE FL 32225 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified							
US		US					05/13/1	•	TOT QUAINEC				
Principal Place of Business     2a. Mailing Address							4. FEI Number				L	App	lied For
21		26					59-3120	)8 <u>60                                    </u>		<u> </u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of State	harizad aı				Iditional	
22		27				5. Certificate				- Fe	e Req	uired	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be							
23		28					Trust Fun	d Contri	bution		Adı	ded to	Fees
Zip	Country	Zip		Country	1		8. This corp	oration o	owes the cu	rrent year Int		í	
24	25	29	30				Personal				Yes		<b>X</b> 400
	9. Name and Address of Current	Registered	l Agent		,		10. Name an	d Addr	ess of New	Registered	Agent		
	15			81	N	lame							
PAINE, R.D. JR					S	treet Addres	ss (P.O. Box N	umber is	Not Accep	table)			
493 FILMORE DR				82 Street Add			(						
JACKSONVILLE FL 32225-3389													
				-	١_	N.A		_			85	Zip Co	
				84	1 5	City				FL	.   "	£ip O	,,,,
office or re agent. I as SIGNATURE	to the provisions of Sections 607,0502 agistered agent, or both, in the State or in familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Su ons of, Sect	ich change was autho ion 607.0505, Florida	Statutes	tne s.	corporation	s board of dire	ectors. I	hereby acco	opt the appoi	ntment a	as regi	stered
12.	OFFICERS ANI			13.	il ang	nata o raganos		S/CHAN	IGES TO O	FFICERS AN	D DIRE	CTOF	RS IN 12
TITLE	P		DELETE	1.1 TITLE							Cha		Addition
NAME	PAINE, R.D.			1.2 NAME							•		
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	JACKSONVILLE FL 32225-6587			1.4 CITY-S									
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STREET ADDRESS				2. 4 CITY-									1
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				3.3 STREE	TAN	DRESS							
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NAME				5.3 STREE	T ADI	DRESS							
STREET ADDRESS				3.3 3 ( ) VEL		5,							

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.

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

\_\_\_ Addition