


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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 152243 (2)

1. Corporation Name
DISPATCH SERVICES, INC.



Principal Place of Business 4720 N.W. 20TH STREET MIAMI FL 33159	Mailing Address PO BOX 99-6010 MIAMI FL 33299-6010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		28 City & State	
23	24	25	29
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 09/09/1947	
4. FEI Number 59-0578335	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDO, WR	1.2 NAME	
STREET ADDRESS	8240 NW 52 TERR. #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRE, SE	2.2 NAME	
STREET ADDRESS	1850 N CENTRAL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85077	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNON, RH	3.2 NAME	
STREET ADDRESS	1850 N CENTRAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85077	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAUCH, MAURICE W II	4.2 NAME	STRAUFER, LLOYD M. JR.
STREET ADDRESS	8240 NW 52ND TERR #200	4.3 STREET ADDRESS	8240 N.W. 52 TERR. #200
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	PC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARMAN, R.	5.2 NAME	
STREET ADDRESS	8240 NW 52ND TERR., #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, R G	6.2 NAME	
STREET ADDRESS	1850 N. CENTRAL AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85077	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.

SIGNATURE: *Lloyd M. Strauffer Jr.* & **LLOYD M. STRAUFFER, JR. 3/17/98 (305) 599-4400**

CR2E034 (10/97)