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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:18

DOCUMENT # **453888** **(0)**

1. Corporation Name
CROWN COURIER SYSTEMS, INC.

Principal Place of Business	Mailing Address
8201 N W 56 STREET MIAMI FL 33166 US	8201 N W 56 ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1974	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1563315	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$9.75 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	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HIGHT, NORTON F
~~20191 E. COUNTRY CLUB DR., #1601~~
~~NO. MIAMI BCH. FL 33180~~ ⇒

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable): 3500 MYSTIC POINTE DR.
83 TOWER 400/APT. 3207
84 City AVENTURA FL 85 Zip Code 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	11 TITLE	VDT ☒ Change ☐ Addition
NAME	SNYDER, PHILIP M	12 NAME	SNYDER, PHILIP M.
STREET ADDRESS	3650 N 36TH AVE #45	13 STREET ADDRESS	3650 N. 36 Ave, Villa 45
CITY-ST-ZIP	HOLLYWOOD, FL 33021	14 CITY ST ZIP	Hollywood, FL 33021
TITLE	PD	21 TITLE	CDS ☒ Change ☐ Addition
NAME	HIGHT, NORTON F	22 NAME	HIGHT, NORTON F.
STREET ADDRESS	20191 E CNTRY CLUB #1601	23 STREET ADDRESS	3500 MYSTIC PT. DR. TOR 400/APT 3207
CITY ST ZIP	N. MIAMI BEACH FL	24 CITY ST ZIP	AVENTURA, FL 33180
TITLE		31 TITLE	P ☐ Change ☒ Addition
NAME		32 NAME	GALINSKY, MARTIN
STREET ADDRESS		33 STREET ADDRESS	8201 N W 56 ST.
CITY ST ZIP		34 CITY ST ZIP	MIAMI, FL 33166
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: NORTON F. HIGHT 3/20/95 (305) 591-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0181765 CP