

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

FILED
Mar 02 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 # F18264 (4)

1. Corporation Name
COUNTY COURIERS, INC.



Principal Place of Business 5353 N FEDERAL HIGHWAY SUITE #207 FT. LAUDERDALE FL 33308	Mailing Address 5353 N FEDERAL HIGHWAY SUITE #207 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3706 N. OCEAN BLVD. Suite, Apt #, etc 22 SUITE 180 City & State 23 FT. LAUDERDALE, FL. Zip 24 33308	2a. Mailing Address 26 3706 N. OCEAN BLVD. Suite, Apt #, etc. 27 SUITE 180 City & State 28 FT. LAUDERDALE, FL. Zip 29 33308	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 02/04/1981	4. FEI Number 59-2085472	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. XX Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

HELMSTETTER, CARL J.
5353 N FEDERAL HIGHWAY
SUITE 207
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	3706 N. OCEAN BLVD.		
83	SUITE 180		
84 City	FT. LAUDERDALE	85 Zip Code	FL 33308

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 date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HELMSTETTER, CARL J.	
STREET ADDRESS	4331 N. FEDERAL HWY.#100	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUSSO, MARION V.	
STREET ADDRESS	904 CLAY STREET	
CITY-ST-ZIP	BLACKSBURG VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, VIRGINIA J.	
STREET ADDRESS	12112 COVERT ROAD	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3231 OLEANDER WAY
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
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.

SIGNATURE: **CARL J. HELMSTETTER** *Carl J. Helmstetter* **2-17-98** (954) 491-0183

CR2E034 (10/97)