

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90006 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F18264

1. Corporation Name
COUNTY COURIERS, INC.



Principal Place of Business
 3706 N OCEAN BLVD
 SUITE 180
 FT LAUDERDALE FL 33308
 US

Mailing Address
 3706 N OCEAN BLVD
 SUITE 180
 FT. LAUDERDALE FL 33308
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
02/04/1981

4. FEI Number
59-2085472

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HELMSTETTER, CARL J.
3706 N OCEAN BLVD
SUITE 180
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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	PD HELMSTETTER, CARL J.	1.1 TITLE	VP/D
NAME	HELMSTETTER, CARL J.	1.2 NAME	
STREET ADDRESS	3231 OLEANDER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	SD RUSSO, MARION V.	2.1 TITLE	
NAME	RUSSO, MARION V.	2.2 NAME	
STREET ADDRESS	904 CLAY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSBURG VA	2.4 CITY-ST-ZIP	
TITLE	VD MCLAUGHLIN, VIRGINIA J.	3.1 TITLE	
NAME	MCLAUGHLIN, VIRGINIA J.	3.2 NAME	
STREET ADDRESS	12112 COVERT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	P/D
NAME		4.2 NAME	TERRI HELMSTETTER
STREET ADDRESS		4.3 STREET ADDRESS	3231 OLEANDER WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		4.2 NAME	TERRI HELMSTETTER
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: TERRI HELMSTETTER DATE: 4/8/99 DAYTIME PHONE #: (954)491-0183

CR2E034 (11/98)