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Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F78943 (0)
1. Corporation Name
DEPENDABLE DELIVERY SERVICE OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13505 S.W. 108TH STREET CIRCLE SOUTH C/O JOSEPH ROSENFELDT MIAMI FL 33186		Mailing Address 13505 S.W. 108TH STREET CIRCLE SOUTH C/O JOSEPH ROSENFELDT MIAMI FL 33186	
2. Principal Place of Business 21 1135 FAIRFAX LANE Suite, Apt. #, etc. 22 City & State 23 Weston FL Zip 24 33326 Country 25 Brown		2a. Mailing Address 26 1135 FAIRFAX LANE Suite, Apt. #, etc. 27 City & State 28 Weston FL Zip 29 33326 Country 30 Brown	
9. Name and Address of Current Registered Agent ROSENFELDT, JOSEPH 13505 S.W. 108TH STREET CIRCLE SOUTH MIAMI FL 33187		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 1135 FAIRFAX LANE 84 City 85 Zip Code Weston FL 33326	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSENFELDT, LORETTA 13505 SW 108TH ST MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1135 FAIRFAX LANE Weston FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSENFELDT, MISSY 21385 SW 242 ST MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 SW 154 Ave Davie FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSENFELDT, WENDY A 134545 S.W 104TH TERR MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address.

SIGNATURE:

Lois R. R... Loretta Rosenfeldt 329-98 754-472-394

CR2E034 (10/97)