FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000286 (4)

1. Corporation Name

ALLPOINTS WAREHOUSING COMPANY OF ORLANDO

Principal Place of Business	Mailing Address
4701 E. 7TH AVE. TAMPA FL 33605	4701 E. 7TH AVE. TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:
4. FEI Number: 38-3146029 — Applied For / Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Office Address: 21 — 2a. Mailing Address: 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	10. Name and Address of New Registered Agent
ZORN, HARVEY C 4701 E. 7TH AVE. TAMPA FL 33605	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDPS	11 TITLE	☒ Change ☐ Addition
NAME	ZORN, HARVEY C	12 NAME	
STREET ADDRESS	3207 PALMA CEIA COURT	13 STREET ADDRESS	804 GUISANDO de AVILA
CITY-ST-ZIP	TAMPA FL 33629	14 CITY-ST-ZIP	TAMPA, FL. 33613
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	ZORN, HARVEY C	22 NAME	
STREET ADDRESS	3207 PALMA CEIA COURT	23 STREET ADDRESS	804 GUISANDO de AVILA
CITY-ST-ZIP	TAMPA FL 33629	24 CITY-ST-ZIP	TAMPA, FL. 33613
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 exemption stated in Section 119.07(1)(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: Harvey C Zorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone #

0201370 CP