SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000001877 (9)**

1. Corporation Name
PRO-SERVICE FORWARDING CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 930 NEW HYDE PARK NY 11040	P.O. BOX 930 NEW HYDE PARK NY 11040

3. Date Incorporated or Qualified: **04/12/1994**
3a. Date of Last Report: **10/11/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **11-2523436** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of filing new agent, and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MEEHAN, JACK J		12 NAME	
STREET ADDRESS	1075 WOLVER HOLLOW RD.		13 STREET ADDRESS	
CITY-ST-ZIP	UPPER BROOKVILLE NY 11771		14 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, MARTIN W		22 NAME	
STREET ADDRESS	9671 WESTWOOD DR.		23 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER CA 92683		24 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MADISON, JAMES L		32 NAME	
STREET ADDRESS	15 AMALIA LANE		33 STREET ADDRESS	
CITY-ST-ZIP	COMMACK NY 90242		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	RIOS, ALBERTO		42 NAME	
STREET ADDRESS	7427 QUILL DR.		43 STREET ADDRESS	
CITY-ST-ZIP	DOWNEY CA 90242		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	LOTITO, ANGELA		52 NAME	
STREET ADDRESS	363 WHITE ROAD		53 STREET ADDRESS	
CITY-ST-ZIP	MINEOLA NY		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jamie J Medina — June 10, 1996 — (516)365-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #