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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002476 (7)

EXPRESS SHIPPERS, INC.



97 FEB 27 PM 2:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Dringle of Digg	o of Dunings	Alailin a Addison								
Principal Place		-	Mailing Address 2725 HANSEN ST							
FT MYERS FL		FT MYERS FL 3	3901-7411							
						3. Date Incorporated or Qualified 05/16/1996	3a. Date of	Last Repor	rt	
	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number 65-066	5548	Applie	d f-or	
21		[26]				APPLIED FOR			plicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	ertificate of Status Desired See Required \$8.75 Additional			
City & State			City & State			6. Election Campaign Financing		5.00 May	v Ro	
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Ζφ	Co	ountry	,	8. This corporation has hability for int	angible tax u	nder s 199	9.032,	
24	25	29	30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
ZIPPERER, R DOUGLAS				81	Name					
2725 HANSEN ST FT MYERS FL 33901				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
FI W	ILCUO LE OSSUI			83						
				ļ.,.			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	γ		
				84	City		FL 85	Zip Code	е	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607, 1508, Fto	rida Statutes, the	aboye	e-named corp	oration submits this statement for the pur	pose of char	l iging its re	gistered	
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.										
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,									
O O O O O O O O O O O O O O O O O O O	Signature, typed or punted name of registered		(NOTE Register	red Age	ont signature require	ed when reinsteting)	DATE			
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE				
TITLE	DCPS	П		111LF			∐ (Change] Addition	
NAME ZIPPERER, R DOUGLAS STREET ADDRESS 2725 HANSEN ST			1.2 NA						[3	
STREET ADDRESS	PT 44VPDS FL AAAA4				ADDRESS				Į į	
CITY-S1-ZIP	T DELETI			1.4 CHY+ST-ZIP 2 1 HILE				Change	Addition	
NAME	ZIPPERER, R DOUGLAS			NAME			<u>.</u> ,	nongo	1 Vonue	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	FT MYERS FL 33901			CHY-8	1				1	
TITLE				THILF				Change [Addition	
NAME			32	NAME						
STREET ADDRESS			33	STREET	ADDRESS					
CITY - ST - ZIP				CITY	\$1 - ZIP					
TITLE	_		DELETÉ 4.1	THILE				Change	Addition	
NAME			4. 2	NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	1 - 7IP					
TITLE		LJ		111LE		D- 11	[](Change] Addition	
NAME				NAME		M 27			}	
STREET ADDRESS					ADDRESS	17.0				
CITY-ST-ZIP TITLE				CITY - S TITLE	1-7(F		<u> </u>	hanne T	Addition	
NAME		L.J		NAME		900002100	0635	inings L.	_ Addition	
STREET ADDRESS					ADDRESS	-02/28/9701009	5009			
CITY-SI-ZIP				CHY-S	i	900002100 -02/28/9701009 ***165.00				
			E 9 1							

14. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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