

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G47538** (5)  
1. Corporation Name **CUSHION EXPRESS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
9095 17TH PL.  
VERO BEACH FL 32966

Mailing Address  
9095 17TH PL.  
VERO BEACH FL 32966

3. Date Incorporated or Qualified  
**07/06/1983**

4. FEI Number  
**59-2379994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent  
**BLOCK, SAMUEL A**  
**2127 10TH AVENUE**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent  
81 Name **ROSSWAY, BRAD COLLINS, BROWN & CALDWELL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **756 BEACHLAND BLVD**  
84 City **VERO BEACH** FL 85 Zip Code **32963**

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 *Brad Rossway*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HOPPE, ROGER E., JR.	5830 23RD STREET	VERO BEACH, FL 00000	<input checked="" type="checkbox"/>
ST	HOPPE, ELIZABETH	940 82ND AVE	VERO BEACH, FL 00000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	WALLACE, JAMES A.	905 FRANCISCAN AVE	SEBASTIAN, FL. 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRES, SECRETARY, TREASURER	WALLACE, HEIDI H.	905 FRANCISCAN AVE.	SEBASTIAN, FL. 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Heidi H. Wallace*

CR2E034 (5/98)