

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 # **H22025** (1)

1. Corporation Name

AIRPORT COURIER SERVICE, INC.

FILED

96 NOV -4 PM 3: 02

SECRETARY OF STATE



Principal Place of Business

Mailing Address

**8500 SW 92ND STREET
#106
MIAMI FL 33156**

**17842 SW 107 AVE
UNIT 25
MIAMI FL 33157
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1984

3a. Date of Last Report

04/10/1995

4. FEI Number

50-2505409

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 Fee**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**ROCKMAN, LOUIS M., ESQ.
GALLOWAY PROFESSIONAL CENTER
8500 S.W. 92ND STREET, SUITE #106
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

Robert LEE McEVoy

82 Street Address (P.O. Box Number is Not Acceptable)

8506 SW 150 No. Ct. QIN.

83

84 City

MIAMI, FL

FL

Zip Code
33156

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

Robert LEE McEVoy

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

10-16-96

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE

NAME **MCEVOY, ROBERT L**
STREET ADDRESS **17842 S 107 AVE., UNIT 25**
CITY - ST - ZIP **MIAMI FL**

TITLE **STD** ☐ DELETE

NAME **MCEVOY, LUCY W.**
STREET ADDRESS **17842 SW 107 AVE., UNIT 25**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REINSTATEMENT

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:

Robert LEE McEVoy

Signature and typed or printed name of signing officer or director

9-16-96

Date

305-257-4030

Daytime Phone