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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H58606



DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

03-22-1999 90077 029 ***150.00

1. Corporation Name							
MODER	n Mailers, Inc.						
Delivative Clare of Dunings							
Principal Place of Business Mailing Address							
C/O W. JOSEPH BIGGS : :			C/O W. JOSEPH BIGGS 2011 S MONROE ST				
TALLAHASSEE FL 32301			TALLAHASSEE FL 32301				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
			3.4				05/23/1985
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-2529551 Not Applicable \$8.75 Additional
_			27 Suite, Apt. #, etc.				5. Certifcate of Status Desired Fee Required
City & State			City & State				6 Election Compaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Cou		intry		8. This corporation owes the current year Intangible
24 25		29					Personal Property Tax.
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
אמפ	GS, KAREN E				81	Name	
					82	Street A	ddress (P.O. Box Number is Not Acceptable)
4520 ARGYLE LANE TALLAHASSEE FL 32308					83		
IALL	THE INDUCT F F GRAMA				03		- to the first to part the part to the first
						84 City 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statutes	s, the a	bove	e-named co	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office.or r ;agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	etions of	ua. Such change was aut , Section 607.0505, Florid	da Stat	utes.	me corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Karen E. t	ice	'o	_			1/5/99
	Signature, typed or printed name of registered ago				i Agen	t signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			_	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
TITLE NAME	BIGGS, W. JOSEPH		_ >====================================	1.1 NAME		1	4
STREET ADDRESS:	4520 ARGYLE LANE			1.3 STREET		ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL			1.4 C/TY-5			22
TITLE	TOWN WITHOUT I L		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition ට
NAME				2.2 NAME			
STREET ADDRESS			2.3 \$		TREET	ADDRESS	
CITY-ST-ZIP			2.40		iTY-S	T-ZIP	+
TITLE			☐ DELETE	3.1 TITLE			Change - Addition
NAME	32		3.2 N	3.2 NAME			
STREET ADDRESS					TREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-Z		T-ZIP	
TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4.2N		. 1	
STREET ADDRESS						ADDRE\$S	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	_	☐ DELETE	_	ITY-S'	r-ZIP	☐ Change ☐ Addition
TITLE	_			5.1 TITLE 5.2 NAME			
NAME						ADDRESS	•
STREET ADDRESS				i i	ITY-S	1	
CITY-ST-ZIP			☐ DELETE	6.1 17		+	☐ Change ☐ Addition
NAME				6.2 N	AME	-	
STREET ANDRESS				6.3 5	TREET	ADDRESS	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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/or an attachment with an address, with all other like empowered.

SIGNATURE: