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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H63037

(6)

CORPORATE COURIER, INC.

Principal Place of Business Mailing Address



PO BOX 1933 TAMPA FL 330		PO BOX 19337 TAMPA FL 33686								
-						3. Date Incorporated or Qualified 06/20/1985	3a. Dat 08/1	e of Last 1/199		1
2. Principa' Pi	ace of Business	2a. Mailing Add	dress			4. FEI Number 59-2549280	- 4		Applied	
21		Suite, Apt.	t etc			39 2349200			Not App	
22	T, BIC.	27	#, GIO			5. Certificate of Status Desired	\mathbb{K}		5 Additi Require	
City & State 23	,	City & State				Election Campaign Financing Trust Fund Contribution		*	0 May	
Ζιρ 24	Country 25	Zip 29	3	Country	′	8. This corporation has liability for in Florida Statutes	ntangib¦e ta] Yes □		s. 199	032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
MC	GREEVY, JOHN			81	Name					
660	5 KISSIMMEE ST			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
TAN	IPA FL 33616			83	<u> </u>	<u> </u>		*************		
				84	City	· · · · · · · · · · · · · · · · · · ·		85 Zi	p Coda	
					,		FL	11		
office or re	io the provisions of Sections 607.05 egistered agent or both, in the Stati in familiar with, and accept the obliq	e of Florida. Such cha-	nge was auti	horized by	the corporal	ioration submits this statement for the pu on's board of directors. I riereby accept	rpose of cr the appoin	hanging itment as	its registe Fregiste	stered ered
SIGNATURE.	Signature, typed or problem name of my thered a	nery and title if applicable	i alčin	Barnetered Apr	nd signature region	real when reinstating)	Ĺ:Aři			
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	Maria (40.00	DIRECTO	ORS IN	12
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NAME	MCGREEVY, JOHN			1.2 NAME						
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CITY - ST - ZIP	TAMPA FL			140114-9						
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NAME	POWERS.DONALD W.	_		2.2 NAME			L	T Cusing		
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4. I do hereby certify that he information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florica Statutes 1 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 chapped, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/6/96 813837-919