

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 29 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H75123 (0)**

1. Corporation Name **ATAPAT COURIER SERVICES, INC.**



Principal Place of Business 6900 SILVER STAR ROAD SUITE 207-B ORLANDO FL 32818 US	Mailing Address P.O. BOX 682064 ORLANDO FL 32868-2064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/10/1985</b>	
21 <b>6900 SILVER STAR ROAD</b>	26	4. FEI Number <b>59-2574377</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc. <b>202</b>	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State <b>Orlando, FL</b>	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>32818</b>	25 Country <b>USA</b>	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINLEY, MELANIE J**  
**6900 SILVER STAR RD**  
**SUITE 207-B**  
**ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Melanie J. Finley* **Melanie J. Finley** **7/20/98**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, JIMMY R	
STREET ADDRESS	6900 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, JAMES W	
STREET ADDRESS	6900 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, MELANIE J	
STREET ADDRESS	6900 SILVER STAR ROAD	
CITY-ST-ZIP	ORLANDO FL 32W81-8	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*Handwritten entries:*  
 1.1 NAME: MELANIE J. FINLEY  
 1.3 STREET ADDRESS: 6900 SILVER STAR ROAD  
 1.4 CITY-ST-ZIP: ORLANDO, FL 32818  
 2.1 NAME: MELANIE J. FINLEY  
 2.3 STREET ADDRESS: 6900 SILVER STAR ROAD  
 2.4 CITY-ST-ZIP: ORLANDO, FL 32818  
 3.1 NAME: TERRY A. MEELE  
 3.3 STREET ADDRESS: 904 WURST ROAD  
 3.4 CITY-ST-ZIP: OCOCHEE, FL 34761

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: *Melanie J. Finley* **Melanie J. Finley** **7/20/98** **(407) 295-4566**

CR2E034 (5/98)