

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J11751

(1)

1. Corporation Name
ERRAND EXPRESS, INC.



Principal Place of Business

% LARRY A. ROTHENBERG
2424 N. FEDERAL HWY STE 455
BOCA RATON FL 33432-7746

Mailing Address

% LARRY A. ROTHENBERG
~~2424 N. FEDERAL HWY STE 455~~
BOCA RATON FL 33432-7746

3. Date Incorporated or Qualified

04/28/1986

3a. Date of Last Report

08/09/1996

2. Principal Place of Business

21 900 W. FEDERAL HWY

Suite, Apt. #, etc.

22 460

23 Boca Raton, FL

24 33432

25 Palm Beach

2a. Mailing Address

26 900 W. FEDERAL HWY

Suite, Apt. #, etc.

27 460

28 Boca Raton, FL

29 33432

30 Palm Beach

4. FEI Number

59-2675238

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ROTHENBERG, LARRY A.
~~2424 N. FEDERAL HWY STE 455~~
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

900 W. FEDERAL HWY

SUITE 460

83

84 City

Boca Raton, FL

FL

85

Zip Code

33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CODISPOTI, BRUNO
STREET ADDRESS 3570 N.W. 97TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE VD
NAME CODISPOTI, RAYMOND
STREET ADDRESS 2212 N.W. 73RD AVE.
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME INGEL, MARSHALL
STREET ADDRESS 557 BANKS RD.
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUNO CODISPOTI

1/24/97

Date

561-393-3913

Daytime Phone #

CR2E034 (9/96)