FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 24 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 # **J61436** **(8)**

1. Corporation Name
THE POSTAL CONNECTION, INC.

Principal Place of Business
2139 UNIVERSITY DR.
CORAL SPRINGS FL 33071

Mailing Address
2139 UNIVERSITY DR.
CORAL SPRINGS FL 33071-6134

3. Date Incorporated or Qualified
03/11/1987

3a. Date of Last Report
05/15/1996

4. FEI Number
59-2796847
[ ] 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 Fees

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / 29 Country / 30

9. Name and Address of Current Registered Agent
FINK, DORIS R.
8422 N.W. 78TH CT.
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City / **FL** / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above name a corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	[ ] DELETE
NAME	FINK, ARTHUR	
STREET ADDRESS	8422 N.W. 78TH CT.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	[ ] DELETE
NAME	FINK, DORIS R.	
STREET ADDRESS	8422 N.W. 78TH CT.	
CITY-ST-ZIP	TAMARAC 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

51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] Change [ ] Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		
91 TITLE		[ ] Change [ ] Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		

CR2E034 (9/96)

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 report or supplemental requirement 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] DORIS R. FINK 4/14/97 (954)255-6712