

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J68861** (0)

1. Corporation Name

MAILBOX INTERNATIONAL OF PALM BEACH, INC.



Principal Place of Business

**292 SOUTH COUNTY ROAD
PALM BEACH FL 33480**

Mailing Address

**292 SOUTH COUNTY ROAD
PALM BEACH FL 33480**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2817925

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

9. Name and Address of Current Registered Agent

**GOODMAN, BENJAMIN
20090 BOCA W. DR.
APT. #331
BOCA RATON FL 33435**

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-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

Signer's typed or printed name (if signed electronically, this field is not applicable)

(NOTE: Registered Agent signature required for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GOODMAN, BENJAMIN**
STREET ADDRESS **292 SOUTH COUNTY RD**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition sheet with an address.

SIGNATURE:

Benjamin Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN GOODMAN 5/21/96 407-833-8933
DATE: EXPIRATION DATE:

CR2E034 (12/95)