FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # K14680 (8)

1. Corporation Name
CAR-54 MESSENGER SERVICE, INC.

Principal Place of Business
2200 NE 2ND ST #2
P.O. BOX 10281
POMPANO BCH FL 33061

Mailing Address
2200 NE 2ND ST #2
P.O. BOX 10281
POMPANO BCH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1988
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 65-0031151 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees

8. ... Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SULLIVAN, SANRDA
961 SE 20TH AVE
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL
Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, SANDRA
STREET ADDRESS	961 SE 20TH AVE
CITY-ST-ZIP	DEERFIELD BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	[X] Change [ ] Addition
NAME	Sandra Sullivan	
STREET ADDRESS	1205 Hillsboro Mile	
CITY-ST-ZIP	Hillsboro Beach, Fl. 33062	

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)(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: Sandra Sullivan — 4/20/95 — 305-781-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0428036 FP