

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K14680

1. Corporation Name

CAR-54 MESSENGER SERVICE, INC.

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

May 10, 1999 8:00 am Secretary of State

05-10-1999 90036 044 ***150.00

- I INDERBUGG AND LINEAR ARBIT	L BAKAR INGIL BOUL BERKE BIRI	l Bydis byd si dyd ie bebli fodi

P.O. BOX 10281 POMPANO BCH FL 33061		P.O. BOX 10281 POMPANO BCH FL 33061		DO NOT WRITE IN THIS SPACE			
TOM THO DO		, , , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualifed 02/12/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0031151		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25	29	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	LIVAN, SANDRA		82	Stroot Add	tress (P.O. Box Number is Not Acceptable)		
1205 HILLSBORO MILE			82 Street Address (P.O. Box Number is Not Acceptable)				
HILL	SBORO BEACH FL 33062		83				
			84		FL	.	Zip Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was auth	honzed by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changir ntment a	ng its registered as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Ro	egistered Agei	nt signature requir	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Cha	ange 🗌 Additio
NAME	SULLIVAN, SANDRA		1.2 NAME				
STREET ADDRESS	1205 HILLSBOROUGH MIKE		1.3 STREE	TADORESS			
CITY-ST-ZIP	HILLSBOROUGH BEACH FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Cha	ange 🔲 Additio
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	ange Addition
NAME	-		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	ange
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREE	TADDRESS			
CITY-\$T-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Cha	ange Additio
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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, with all other like empowered.

SIGNATURE: 1

