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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

WEST PALM EXPRESS, INC.

May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 931 VILLAGE BLVD. SUITE 907-696-40% 831 VILLAGE BLVD. SUITE 907-385 WEST PALM BCH. FL 33409 WEST PALM BCH. FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 931 VILLAGE BLVD 21 65-0210297 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 931#-905-408 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be PALM BEACH, FL WEST Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible ωŚΆ ☐ Yes 24 25 29 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KALTBAUM, SUZANNE 7766 LA MIRADA DR. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 City Zip Code 85 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 regularity agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE Change 1.1 TITLE TITLE **SUZANNE KALTBAUM** NAME 1.2 NAME 7766 LAMIRADA DR STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-70 1.4 CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE MARBARET MCGUIRE **MARGARET TURNEY** 2.2 NAME NAME 7784 LA MIRADA DR 7784 LA MIRADA DR 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** BOCA RATON FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ DELETE 5.1 TITLE ___ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6 1 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 trusted 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.