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Apr 22 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 # K49868 (8)

1. Corporation Name

TRI-COUNTY PARCEL SERVICE, INC.

Principal Place of Business

LOUIS H. SCHIFF, ESQ.
8142 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321

Mailing Address

LOUIS H. SCHIFF, ESQ.
8142 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321-1708

3. Date Incorporated or Qualified
12/08/1988

3a. Date of Last Report
07/26/1996

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

4. FEI Number
65-0089324

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

10. Name and Address of New Registered Agent

SCHIFF, LOUIS H.
8142 NORTH UNIVERSITY DRIVE
SUITE 117
TAMARAC FL 33321

81 Name
BOWMAN, JOHN B
82 Street Address (P.O. Box Number is Not Acceptable)
8142 NORTH UNIVERSITY DR
83 SUITE 117
84 City
TAMARAC
85 Zip Code
FL 33321

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, GALE J.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

1.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, RICHARD B.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

1.3 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, RICHARD B.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, RICHARD B.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, RICHARD B.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERRANTE, RICHARD B.
7803 NW 66TH TERRACE
TAMARAC FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0280484

CR2E034 (9/96)