FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

W & F EXPRESS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K65900

(8)

FILED
May 09 1997 8:00am
Secretary of State

nclpal Place of Business	Mailing Address	L INDINGITI DIN ATTOL DITTO JOSTO DASSI ODIL DIBIL DIDIL BIRIC DIBIL DIBIL BENTA SUBI

1929 PIÈRCE S HOLLYWOOD F	5T FL 33019	1323 PIERCE ST HOLLYWOOD FL 33019-103	2				
: 					3. Date Incorporated or Oualified 02/15/1989	3a. Date of Last Report 05/01/1996	
<u> </u>	Place of Business	2a. Mailing Address	•,		4. FET Number 65-0108213	Applied Fo	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			1	\$8.75 Additions	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25		Gountry 30	, .,		Yes 🔲 No	2,
EI ID	9. Name and Address of Curr PO, WILLEM	rent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	3 PIERCE ST		82		ess (P.O. Box Number is Not Acceptab		
HOL	LYWOOD FL 33019			Sirect Addit	ess (F.O. Dox Number is Not Acceptab		
	•		83				
			84	City	k and a kind - wide dies of the field color, a polyhelm for 1 to 1000 Mee fact to 5 to 5000 Mee for the measurement	FL 85 Zip Code	
l - office or ⊩	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ale of Florida. Such change was a	uthorized b	y the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registe	ored
SIGNATURE		The second secon					
12.	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable (NOTE AND DIRECTORS	Fingistered Ag	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	15 1/1LF		A STATE OF THE STA	Change Add	
NAME	FLIPPO, WILLEM		12 NAME				
STREET ADDRESS	1323 PIERCE STREET		1.3 STREE	ADDRESS			ļ
CITY-ST-ZIP	HOLLYWOOD FL	DOLETE	1.4 CHY-3	S1 - 7(P		Change Add	dition
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STREET ADDRESS	1323 PIERCE STREET			ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CHY-	 			
TITLE		☐ DEFETE	3111116	<u> </u>		Change Add	d-tion
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STREET ADDRESS			33 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	S1 · ZIP		and the second of the second o	l
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NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CHY-1				1
TITLE		DELETE	6.1 1111.6			Change Add	dition
NAME			6.2 NAME				-
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP	by cartily that the information supp	00 00 00 00 00 00 00 00 00 00 00 00 00	6.4 CITY-1	ST-ZIP	(- 0 - 1 - 140 07/00/2 FD - 15 - 0 - 1	of facilities and the state of the	

4. I do neroby 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 supplies included and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the poperation of 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 12 from a state of 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 12 from a state of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name.

CIGNATURE.

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