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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:14

DOCUMENT # K93241 (3)

1. Corporation Name
DHL REGIONAL SERVICES, INC.

Principal Place of Business: **% C T CORPORATION SYSTEM, 8751 WEST BROWARD BLVD., PLANTATION FL 33324**
Mailing Address: **% C T CORPORATION SYSTEM, 8751 WEST BROWARD BLVD., PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/06/1989** 3a. Date of Last Report: **02/17/1994**
4. FE Number: **65-0128611** 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

2. Principal Place of Business: **6360 N.W. 5th Way** 2a. Mailing Address: **1200 S. Pine Island**
21. Suite, Apt. #, etc.: **Suite 103** 27. Suite, Apt. #, etc.:
23. City & State: **FT. LAUDERDALE, FL** 28. City & State: **Plantation, FL**
24. Zip: **33309** 25. Country: **Broward** 29. Zip: **33324** 30. Country: **Broward**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

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 of Registered Agent) _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS	LINDOW, K. RICHARD, JR.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LINDOW, K. RICHARD, JR.	6360 NW 5TH WAY STE 103	1.2 NAME:	
STREET ADDRESS: FT LAUDERDALE FL		1.3 STREET ADDRESS:	
CITY, ST, ZIP:		1.4 CITY, ST, ZIP:	
TITLE: DP	WALKER, R. BRUCE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: WALKER, R. BRUCE	6360 N.W. 5 WAY, STE 103	2.2 NAME:	
STREET ADDRESS: FT LAUDERDALE FL		2.3 STREET ADDRESS:	
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	
TITLE: DT	FENOGLIO, JAMES P	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FENOGLIO, JAMES P	6360 N.W. 5TH WAY #103	3.2 NAME:	
STREET ADDRESS: FT. LAUDERDALE FL		3.3 STREET ADDRESS:	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP:	
TITLE: AS	GIBSON, LISA	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GIBSON, LISA	6360 NW 5TH WAY STE 103	4.2 NAME: AS HULL, LISA	
STREET ADDRESS: FT LAUDERDALE FL		4.3 STREET ADDRESS:	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP:	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP:	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(8)(b), 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. I am an officer or director of the corporation or the registrar or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on an attachment with an address.

SIGNATURE: **K. R. Lindow, Jr.** **K. R. LINDOW, JR.** **3/21/95 (305) 493-9404**
SIGNATURE AND TITLE OF REGISTERED AGENT SIGNING OFFICER OR DIRECTOR Date Telephone No.