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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11965

POSTAL STORE PLUS, INC.

Principal Place of Business	Mailing Address
3135 S. FED HWY	3135 S. FED HWY -
DELRAY BEACH FL 33483	DELRAY BEACH FL 33483

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90001 002 ***158.75



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 08/29/1989			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TT.	Applied For	
21	igot of papilloso	26			65-0143502	├ ─- ├ -	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	5 Additional	
22		27				Fee	Required	
City & Stat	ee	City & State			6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In	tangible		
24	25	29 30			Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			8	Name				
KAT7	KATZ, JOSEPH D.				Irona (D.O. Bay Number in Not Acceptable)			
3131	S. FEDERAL HWY.		°	82 Street Address (P.O. Box Number is Not Acceptable)				
DEF	RAY BEACH FL 33483		8	83				
ĺ	•			<u> </u>	······································			
}			84	4 City	FL	85 Zi	p Code	
11 Durouant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	e the abov	l l	poration submits this statement for the purpose of	changing	its registered	
office or r	registered agent, or both, in the State	e of Florida. Such change was aut	thorized by	y the comporation	ion's board of directors. I hereby accept the appoi	intment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statue	7//>	1122	22		
SIGNATURE	JUSCA DK	A 17 /	77.70		778	Z/		
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	13.	nt agnature require	ADDITIONS/CHANGES TO OFFICERS AT	ND DIREC	TORS IN 12	
TITLE '	PT	DELETE	1.1 TITLE	 _	ABBITIONS/CHANGES TO STITLE TO A	Chang		
انتين ا		Q Describ	1.2 NAME					
1	KATZ, JOSEPH D		1	ì				
STREET ADDRESS	6424 BRECKENRIDGE CIR			ET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL	□ BD STE	1.4 CITY-			Chang	je	
TITLE	VPS	☐ DELETE	2.1 TITLE			☐ Cilariy	e [] Additoil	
NAME (KATZ, CHALENE S		2.2 NAME	1				
STREET ADDRESS	6424 BRECKENRIDGE CIR		2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-	ST-ZIP	<u></u>			
TITLE		☐ DELETE	3.1 TITLE			Chang	e 🗌 Addition	
NAME			3.2 NAME	+				
STREET ADDRESS			3.3 STREE	ETADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	je 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS		•	4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			·	
TITLE .		☐ DELETE	5.1 TITLE			Change	e	
NAME			5.2 NAME		•			
STREET ADORESS	,		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5,4 CITY-	ST-ZIP				
TITLE		□ DELETE	6.1 TITLE			☐ Change	e Addition	
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME	1				
				ET ADDRESS				
STREET ADDRESS			•	į.				
CITY ST. 7ID	į –		6.4 CITY-1	SI-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:

SILLE THE CONTROL OF SIGNING OFFICER OR DIRECTOR DISCOUNTS Date Date Dayling Phone #

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