

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **L16125** (1)  
1. Corporation Name  
**AVANTI DELIVERY SERVICES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>C/O AVANTI DELIVERY SERVICES<br/>6022 BENJAMIN RD<br/>TAMPA FL 33634<br/>US</b> | Mailing Address<br><b>C/O AVANTI DELIVERY SERVICES<br/>P.O. BOX 21064<br/>TAMPA FL 33622-1064<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/15/1989</b>   | 3a. Date of Last Report<br><b>07/24/1996</b>           |
| 4. FEI Number<br><b>59-2970393</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 Suite Apt # etc.            | 26 Suite, Apt #, etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip Country                 | 28 Zip Country        |
| 24                             | 29                    |

9. Name and Address of Current Registered Agent  
**WAGNER & DI MAIO L.C.  
21 GLENS DRIVE WEST  
BOYNTON BEACH FL 33436**

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 607.0501, Florida Statutes.

SIGNATURE **WAGNER & DI MAIO L.C.** DATE **04/17/97**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CITRO, BART T.</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1552 HUNTLEIGH CT</b>                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OLDSMAR FL</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CITRO, JO ANN</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1552 HUNTLEIGH CT</b>                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OLDSMAR FL</b>                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WAGNER, ARTHUR</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>21 GLENS DRIVE WEST</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL</b>                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 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                      | <input type="checkbox"/> DELETE          | 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 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 if changed, on an attachment with an address.

SIGNATURE: **ARTHUR WAGNER** DATE: **04/17/97** 718 729 7579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)