

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L93168** (7)

1. Corporation Name

**FAST PIK N PACK, INC.**

Principal Place of Business

**705 WEST 28TH ST.  
HIALEAH FL 33010**

Mailing Address

**705 WEST 28TH ST.  
HIALEAH FL 33010**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BISHINS, HAROLD  
7052 MANDARIN DRIVE  
BOCA RATON FL 33433**

3. Date Incorporated or Qualified

**08/08/1990**

3a. Date of Last Report

**09/18/1995**

4. FEI Number

**65-0220895**

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

10. Name and Address of New Registered Agent

31. Name

32. Street Address (P.O. Box Number is Not Acceptable)

33

34. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DST  
BISHINS, HAROLD**  
STREET ADDRESS **7052 MANDARIN DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **DP  
BISHINS, PAUL**  
STREET ADDRESS **7052 MANDARIN DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 NAME  
13.2 STREET ADDRESS  
13.3 CITY-STATE-ZIP

21.1 NAME  
21.2 STREET ADDRESS  
21.3 CITY-STATE-ZIP

22.1 NAME  
22.2 STREET ADDRESS  
22.3 CITY-STATE-ZIP

23.1 NAME  
23.2 STREET ADDRESS  
23.3 CITY-STATE-ZIP

24.1 NAME  
24.2 STREET ADDRESS  
24.3 CITY-STATE-ZIP

25.1 NAME  
25.2 STREET ADDRESS  
25.3 CITY-STATE-ZIP

26.1 NAME  
26.2 STREET ADDRESS  
26.3 CITY-STATE-ZIP

27.1 NAME  
27.2 STREET ADDRESS  
27.3 CITY-STATE-ZIP

28.1 NAME  
28.2 STREET ADDRESS  
28.3 CITY-STATE-ZIP

29.1 NAME  
29.2 STREET ADDRESS  
29.3 CITY-STATE-ZIP

30.1 NAME  
30.2 STREET ADDRESS  
30.3 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 I am an officer or director of the corporation or the receiver or trustee of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit of my signature.

SIGNATURE:

**Harold Bishins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold Bishins U.P. 6/12/96 305 885-5664**  
DATE OF FILING

CR2E034 (3/96)