

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 REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # L99608 (6)

1. Corporation Name

COURIER TRANSPORTATION SERVICES, INC.



Principal Place of Business

Mailing Address

5500 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US

P.O. BOX 41336
JACKSONVILLE FL 32203-1336
US

2. Principal Place of Business

2a. Mailing Address

21 402 S. Ellis Road

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Jacksonville FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32254

25 Duval

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANASTASE, STEVEN M
5500 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

81 Name

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

402 S. Ellis Road

83

84 City

Jacksonville

FL

85 Zip Code

32254

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]

Steven M. Anastase, President

8/1/96

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ANASTASE, STEVEN M.
STREET ADDRESS 1292 HOLLYWOOD AVE.
CITY - ST - ZIP JACKSONVILLE FL

TITLE DVS
NAME PETTY, TIM L.
STREET ADDRESS 1035 HALSEMA ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE DV
NAME BRITT, HENRY F.
STREET ADDRESS 953 JONES RD.
CITY - ST - ZIP JACKSONVILLE FL

TITLE DT
NAME THOMAS, DAVID A.
STREET ADDRESS 2064 CORNELL RD.
CITY - ST - ZIP MIDDLEBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

[Signature]
Steven M. Anastase, President

8/1/96 (904) 695-2200

CR2E034 (3/96)