

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 17 10:26

DOCUMENT # M65852 (9)

1. Corporation Name

MORE THAN MAIL, INCORPORATED

Principal Place of Business

700 NW 57 PL #15
FT LAUDERDALE FL 33309

Mailing Address

3900 S.W. 67 TERRACE
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/26/1988** 3a. Date of Last Report **08/02/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

700 NW 57 PL

4. FEI Number **65-0045312**

Applied For
 Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

15

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

23

City & State

28

FT. Lauderdale

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

33309

Country

30

USA

8. This corporation has liability for intangible tax under s. 199.0332, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSIMANO, SONDR
3900 SW 67TH TERR.
DAVIE FL 33314**

81 Name

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

2892 Tennis Club Dr

83

APT 604

84 City

W. Palm Beach

FL

85 Zip Code

33417

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 signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PSD
COSIMANO, SONDR
3900 SW 67TH TERR.
DAVIE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**2892 Tennis Club Dr # 604
W. Palm Beach FL 33417**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes, and that my name appears in Block 12 or 13, as changed, or on an attachment with an address.

SIGNATURE:

Sondra Cosimano

6/7/95

470-0479 (407)

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/95)