FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # (5)M72166 QUICK DELIVERY OF ORLANDO, INC. Principal Place of Business Mailing Address P. O. BOX 100846 3309 S.W. 13TH AVE. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33310 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1988 4. FEI Number Applied For 2a. Mailing Address 65-0036439 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Ζip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent R1 Name HOEHNE, LON 3309 S.W. 13TH AVE. 82 FT. LAUDERDALE FL 33315 83 was authorized by the corporation's board of directors. I hereby accept the formula Statutes. Statutes, the above-named corporation submits this statement for the purpose of Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1,1 TITLE TITLE 4180 NW 10th Ave Ft. Lauderdale HOEHNE, LON NAME 1.2 NAME -3309 S.W. 19TH-AVE. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33315 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental annual poort 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an atta