

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M80062

(6)

1. Corporation Name

PERSONAL EXPRESS, INC.



Principal Place of Business

Mailing Address

% HENRY W. HANFF
5243 HANFF LANE
NEW PORT RICHEY FL 34652

% HENRY W. HANFF
5243 HANFF LANE
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

05/10/1988

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2860236

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANFF, HENRY W.
5243 HANFF LANE
NEW PORT RICHEY FL 34652

81 Name

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

83

84 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
HANFF, HENRY W.
5243 HANFF LANE
NEW PORT RICHEY FL

11 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

12 NAME
13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

21 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

31 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

41 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

51 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

61 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

62 NAME
63 STREET ADDRESS

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 Block 13 if changed or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)