

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M84562 (1)**  
 1. Corporation Name  
**FLORIDA OVERNIGHT COURIER ASSOCIATION, INC.**



Principal Place of Business <b>1271 LA QUINTA DR STE. 5 ORLANDO FL 32809 US</b>	Mailing Address <b>1271 LA QUINTA DR STE. 5 ORLANDO FL 32809-7713 US</b>
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>06/01/1988</b>	3a. Date of Last Report <b>08/13/1996</b>
4. FEI Number <b>59-2895461</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GIORDANO, JOHN N.  
 220 SOUTH FRANKLIN STREET  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STROM, BILL</b>		1.2 NAME	
STREET ADDRESS <b>4521 MOORE CIR</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>TALLAHASSEE FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, BOBBY</b>		2.2 NAME	
STREET ADDRESS <b>1271 LA QUINTA DR</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>ORLANDO FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ONDRASIK, MICHAEL</b>		3.2 NAME	
STREET ADDRESS <b>3380 CHATEWORTH LN</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>ORLANDO FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROTH, ARTIE</b>		4.2 NAME	
STREET ADDRESS <b>14220 NE 18TH AVE</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAY, PAUL</b>		5.2 NAME	
STREET ADDRESS <b>2579 DOUGLAS AVE</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>PENSACOLA FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YEERLENER, TOM</b>		6.2 NAME	
STREET ADDRESS <b>PO BOX 3775 N/A</b>		6.3 STREET ADDRESS	
CITY - ST - ZIP <b>FT PIERCE FL</b>		6.4 CITY - ST - ZIP	

14. I do 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 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: \_\_\_\_\_ **REQUIRED** \_\_\_\_\_ **4/24/97** **407-859-0109**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CP2E034 (9/96)