

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N34209 (9)
1. Corporation Name
SOUTH FLORIDA POSTAL CUSTOMER COUNCIL, INC.

Principal Place of Business Mailing Address
P.O. BOX 520594 P.O. BOX 520594
MIAMI FL 33152-0594 MIAMI FL 33152-0594

3. Date Incorporated or Qualified 09/15/1989 3a. Date of Last Report 11/17/1995
4. FEI Number 65-0142884 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDDOCK, WALTER
AMERICAN EXPRESS
777 AMERICAN EXPRESSWAY
FT. LAUDERDALE FL 33334

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 617.0502 and 617.1508, 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 617.0503, 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
TITLE C ☒ DELETE
NAME RIDDOCK, WALTER
STREET ADDRESS 777 AMERICAN EXPRESSWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33334
TITLE C ☐ DELETE
NAME ROJAS, RAUL
STREET ADDRESS 2200 N.W. 72 AVENUE
CITY-ST-ZIP MIAMI FL 33152-9998
TITLE SD ☒ DELETE
NAME WEBBER, JANET J
STREET ADDRESS 6300 NW 82 AVE
CITY-ST-ZIP MIAMI FL 33166-6682
TITLE TD ☐ DELETE
NAME COTTON, JOHN
STREET ADDRESS 1403 SW 3RD ST
CITY-ST-ZIP PAMPANO FL 33069
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME RIDDOCK, WALTER
1.3 STREET ADDRESS 777 AMERICAN EXPRESSWAY
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33334
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500001942425
2.3 STREET ADDRESS -09/09/96--01020--025
2.4 CITY-ST-ZIP *****61.25 *****61.25
3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME WEBBER, JANET J. M.
3.3 STREET ADDRESS 3600 N.W. 82 AVE
3.4 CITY-ST-ZIP MIAMI FL 33166-6623
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-96

Date

786-7466

Daytime Phone #

0007714

CR2E037 (3/96)