FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34902

(9)

BRANCH 1477-NATIONAL ASSOCIATION OF LETTER CARRI

ERS, INC. Principal Place of Business Mailing Address

C/O JUSTIN C. JOHNSON ESQUIRE 1135 SOUTH PASADENA AVENUE SUITE 107 ST. PETERSBURG FL 33707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

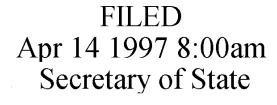
C/O JUSTIN C. JOHNSON ESOUIRE 1135 SOUTH PASADENA AVENUE SUITE 107 ST. PETERSBURG FL 33707-2883

2a. Mailing Address

Suite, Apt. #, etc.

26

27





3a. Date of Last Report 08/08/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 10/26/1989

59-6138448

5. Certificate of Status Desired

4. FEI Number

City & State	Θ	City & State						6. Election Campai	gn Financing		\$5.00	May Be	
23			28						Trust Fund Contr	ibution	·□	Added t	
Zip	Country		Zip	·		ountry			8. This corporation				199.032,
24			29 30			Florida Statutes							
	9. Name	and Address of Current I	Registered Ag	ent	• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Registered Agent							
JOHNSON, JUSTIN C. ESQIRE 1135 SOUTH PASADENA AVENUE SUITE 107 ST. PETERSBURG FL 33707							Name						
							Street A	Address (P.O. Box Number is Not Acceptable)					
													}
									<u> </u>		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, typod or printed name of registered agont and title if applicable. [NOTE: Registered Agent signature required when reinstating) DATE													
12. OFFICERS AND DIRECTORS 13.							r. etJiria;ure	P\$IIIUpes	ADDITIONS/CHAN	NGES TO OFFI		DIRECTOR	S IN 12
TITLE	PD			X DELETE	1.1 1	ILE		PD				Change	Addition
NAME	BOURLO	N, JOHN W.			1.2 N/	AME		FLI	LIOTT, ORV	TILE D			
STREET ADDRESS	12714 83	BRD AVENUE. N.	1.3 \$			REE1 A	NDDRESS (101					ĺ
CITY-ST-ZIP	SEMINOL	E FL			1.4 CI	TY-ST	- ZIP		Petersbu			2	
TITLE	VD			DELETE	2 1 TI	TLE		VD			-22-2-2	X Change	Addition
NAME		ORVILLE D.			2.2 NA	ME	1	STF	ROUP, LESL	IE			
STREET ADDRESS		1 AVENUE N.E.	2.			REET A	ADDRESS		9098 - 108th Avenue North			th	(
CITY-ST-ZIP	ST. PETE	RSBURG FL			2.4C	ITY-ST	- ZIP		cgo, FL 33		21		
TITLE	D		[DELETE	3.1 11	LE	[D				Change	☐ Addition
NAME	STROUP				3.2 NA	AME]	NOF	RTHUP, KEI	TH L.,	SR.]
STREET ADDRESS		ATH AVENUE NORTH			3.3 \$1	REET A	ADDRESS	869	96 - 78th	Place :	North		
CITY-ST-ZIP	LARGO F	it			3.4. CI		- ZIP	Şen	ninole,_FL	_33777	-4207	-	
TITLE	S	D 1/2/5111	1	DELETE	4.1 Til		- 1	S				X Change	Addition]
NAME		P, KEITH L.			4.2 N				RZYZYNSKI,				
STREET ADDRESS		TH PLACE NORTH			4.3 ST	REE1 A	IDORESS	801					_
CITY-ST-ZIP	SEMINOL	<u>t ri</u>		T DELEVE		TY-ST	- Z(P	St.	. Petersbu	rg, FL	3370		
TITLE	UENIOOU UENIOOU	EN INCEDIA	L	DELETE	5.1 TI		}					☐ Change	☐ Addition
NAME		EN, JOSEPH A			5.2 NA								ł
STREET ADDRESS		ESAR WAY SOUTH					DDRESS						ļ
CITY-ST-ZIP TITLE	OI. PEIE	RSBURG FL	·	DELETE	5.4 CF 61 TIT		- ZIP					Change	Addition
			1	butter								L Change	☐ Modition
NAME					6.2 NA		NDDC00						ł
STREET ADDRESS							DDRESS						1
14. I do herek	ov certify that	the information supplied w	vith this filipo o	loes not qualify	6.4 Cil			ated in	Section 119 07(3\(i)	Florida Statute	es I further	certify that t	he -
eppeare in	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 ill changed, or or an attachment with an address. SIGNATURE: (8/3)531~/477												
SIGNAT	UNC:		ケィム・アブ	レンシ	77:1		,,,	-	<i>かってししはべい</i>	· 31.5//	77		