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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38290

1. Corporation Name

ALL RIBBONS - EXPRESS, INC.

ALL INDE											
Principal Place	e of Business	Mailing Address				7	1 (051(061) 05 () (B) (d) (d)	10 (011) 00// 0//	### ##### ############################		
8030-3 PHILLIPS HWY		8030-3 PHILLIPS HWY	8030-3 PHILLIPS HWY								
JACKSONVILLE FL 32256		STE - 3					DO NOT V	MOITE IN TI	LIC SDACE		
US			JACKSONVILLE FL 32256				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
		US					04/13/1992	ieu			
2 Principal Pl	lace of Business	2a. Mailing Address					FEI Number		A	pplied For	7 :
2. Principal Place of Business		26	<u> </u>				75-2408505			ot Applicable	
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.					5. Certificate of Status Desired			\$8.75 Additional	
		27	City & State] 5. ˈ	Certificate of Status Desire	<u> </u>	Fee F	equired	_
						6.	Election Campaign Finance	ing 🗆	\$5.00	May Be	
23		28					Trust Fund Contribution		Added	to Fees	4
Zip	Country	Zip	Cou	intry		8.	This corporation owes the	current year			
24	25	29	30				Personal Property Tax.		Yes	□No	4
	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of Ne	w Register	red Agent	····	-
OL AT	DV CDWADD 14	•		81	Name						
	RK, EDWARD M.			82	Street Addre	ess (P.	O. Box Number is Not Acc	eptable)			7
	D-3 PHILLIPS HWY							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	eso, er ja jaga olega. Kandada Kilikir A.S.	ra province sales	
JACI	KSONVILLE FL 32256			83			4、自己的				
				84	City			*** (***	85 Zip	Code	7
Approximate to	<u></u>							<u>F</u>			4
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the a	above	e-named corporation	oration	n submits this statement for pard of directors. I hereby a	the nurnose	e of changing if	s registered egistered	
Office or re	to the provisions of Sections 607.03 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida, Such change was a	autnorize	αονι	trie corporatio	oration on's bo	n submits this statement for pard of directors. I hereby a	the nurnose	e of changing if	s registered egistered	_
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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 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 of 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 attactyficht with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90046 028 ***150.00