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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015835 (0)

P.O. MAIL & MORE, INC.

| Principal Place of Business | Malling Address |
|-----------------------------|--------------------------|
| 174 107TH AVE. | 174 107TH AVE. |
| TREASURE ISLAND FL 33706 | TREASURE ISLAND FL 33706 |

FILED Mar 25 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | | |
|---|--------------------------|---------------------------------|-------------|---------------------|-------------------|---------------|--|---|--|--|
| 174 107TH AVE. 174 107TH AVE. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 | | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | | 03/02/1993 | | |
| 2. Principal Pl | lace of Busin | 1088 | 2a. | Mailing Address | | | | 4. FEI Number Applied For | | |
| | | | | 26 | | | | 59-3171129 Not Applicable | | |
| | | | | Suite, Apt. #, etc. | te, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | | | 27 | 27 City & State | | | | Fee Required | | |
| City & State | | | 28 | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | hang ' hang ' hang | | | <u> </u> | untry | 1 | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | | 25 | 29 | | 30 | | | Personal Property Tax due June 30. 🔀 Yes 🔲 No | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name | | | | | | | | | | |
| | | get eileen | | | | 81 Name | | | | |
| | 1-107TH AV | | | | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) | | |
| 1 111 | EASURE IS | LAND FL 33706 | | | | 83 | | | | |
| | | | | | | L | | | | |
| | | | | | | 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, type i | or printed name of registered a | | | | d Ago | ent signature r | equired when reinstating) DATE | | |
| 12. | | OFFICERS A | ND DIREC | DELETE | 13. 1.1 Ti | T1 C | Т | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Addition | | |
| NAME | AMILAN | BRIDGET EILLEN | | | 1.2 N | | 1 | President Millan, Bridget Eileen | | |
| STREET ADDRESS | 174-107 | | | | | | ADDRESS | 174-107th Avenue | | |
| | | RE ISLAND FL | | | | | ST-ZIP | Treasure Island, FL 33706 | | |
| CITY-ST-ZIP TITLE | P | TIE TOURING TE | | DELETE | 2.1 (| |) - ZJr | Change Addition | | |
| NAME | • | 5.4N 5.3.4.1 1.0.4m 5.4 | | 2.2 N | | | • | | | |
| STREET ADDRESS | AAAA II TIILAWEEEL INIII | | | | 2.3 STREET ADDRES | | | | | |
| CITY-ST-ZIP | ALEXAN | | | | 2.40 | HY-S | ST-ZIP | | | |
| TITLE | | | | ☐ DEL€TE | 3.1 TI | | | Change Addition | | |
| NAME | | | | | 3.2 N | AME | | | | |
| STREET ADDRESS | | | | | 335 | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 3 4. 0 | ITY - 9 | ST-ZIP | | | |
| TITLE | | | | ☐ DELETÉ | 4.1 Ti | TLE | | ☐ Change ☐ Addition | | |
| NAME | | | | | 4 2 N | MME | | | | |
| STREET ADDRESS | | | | | 43 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | | T-ZIP | | | |
| TITLE | | | | DELETE | 5.1 TI | | | ☐ Change ☐ Addition | | |
| NAME | | | | | 5.2 N | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | DECESE. | | | IT-ZIP | | | |
| . TITLE | | | | ☐ DELETE | 6.1 1) | | | Change Addition | | |
| NAME | | | | | 6.2 N | | j | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 6.4 CI | TY-S | T-ZIP | | | |

Thereby 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 eath; 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