

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:53

DOCUMENT # P93000020287 (7)

1. Corporation Name
USA POSTAL CENTER 54, INC.

Principal Place of Business Mailing Address
6418 US HIGHWAY 41 NORTH 6418 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/11/1993 03/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3174564		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
						X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RAY, JESSIE A
6418 US HIGHWAY 41 NORTH
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81. Name	Bonnie L. Starling
82. Street Address (P.O. Box Number is Not Acceptable)	6418 US Hwy 41 N
83. City	Apollo Beach
84. State	FL
85. Zip Code	33572

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: Bonnie L. Starling Bonnie L. Starling President 1-9-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	RAY, JESSIE A	1.2 NAME	Starling, Bonnie L
STREET ADDRESS	1405 NETHERS PLACE, APT. B	1.3 STREET ADDRESS	1405 nethers Pl Apt A
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	Ruskin Fl 33572
TITLE	T	2.1 TITLE	T
NAME	RAY, JESSIE A	2.2 NAME	Starling, Bonnie L
STREET ADDRESS	1405 NETHERS PLACE, PAT. B	2.3 STREET ADDRESS	1405 Nethers Pl Apt A
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	Ruskin Fl 33572
TITLE	V	3.1 TITLE	V
NAME	RAY, BONNIE L	3.2 NAME	Starling, Bonnie L
STREET ADDRESS	1405 NETHERS PLACE, APT A	3.3 STREET ADDRESS	1405 Nethers Pl, Apt A
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	Ruskin Fl 33572
TITLE	S	4.1 TITLE	S
NAME	RAY, BONNIE L	4.2 NAME	Starling, Bonnie L
STREET ADDRESS	1405 NETHERS PLACE, APT. A	4.3 STREET ADDRESS	1405 Nethers Pl Apt.
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	Ruskin Fl 33572
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appointed 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: Bonnie L. Starling President 1-9-95 813-645-0763
Signature and typed or printed name of officer or director Date Telephone #