

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000046859

1. Corporation Name

CONQUEST COURIERS, INC.

Principal Place of Business

2515 SHADER RD
ORLANDO FL 32804

Mailing Address

2515 SHADER RD
ORLANDO FL 32804

2. Principal Place of Business

21 3071 N. ORT

Suite, Apt. #, etc

22 M

City & State

23 Orlando, FL

Zip

24 32804

Country

2a. Mailing Address

26 PO Box 607158

Suite, Apt. #, etc

27

City & State

28 Orlando, FL

Zip

29 32810

Country

9. Name and Address of Current Registered Agent

MARTIN, OZEL W III
116 TINDALE CIRCLE
LONGWOOD FL 32779

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 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, typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when effecting change)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE P [] DELETE

NAME MARTIN, OZEL W III

STREET ADDRESS 116 TINDALE CIRCLE

CITY-ST-ZIP LONGWOOD FL 32779

12 TITLE V [] DELETE

NAME MARTIN, ANGELA M

STREET ADDRESS 116 TINDALE CIRCLE

CITY-ST-ZIP LONGWOOD FL 32779

13 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P [] Change [] Addition

NAME MARTIN, OZEL W III

STREET ADDRESS 1497 ROYAL CIRCLE

CITY-ST-ZIP APOPKA, FL 32703

12 TITLE V [] Change [] Addition

NAME MARTIN, ANGELA M

STREET ADDRESS 1497 ROYAL CIRCLE

CITY-ST-ZIP APOPKA, FL 32703

13 TITLE [] Change [] Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE [] Change [] Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE [] Change [] Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE [] Change [] Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 or 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-98

295-4949

CR2E034 (1/98)

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