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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

\$SITER 17 ASTHERD

DOCUMENT #	P93000046859

i. Corporation	MENT # P93000 EST COURIERS, INC.	0046859		STATE OF STATE	HA 2014 BAND 1818 BAND 1814 BAND 1814
Principal Place	e of Business	Mailing Address		A PERSONAL AVE PRICE POINT BRING BRI	.
2515 SHADER		2515 SHADER RD			
ORLANDO FL 3		ORLANDO FL 32804			
21 307 Suite, Apt. 22 N City & Stat	e ,	2a. Mailing Address 26 PU BOX 60 Suite, Apt #, etc 27 City & State	1128	DO NOT WRITE IN TH 3. Date Incorporated or Qualified 07/06/1993 4. FEI Number 59-3094578 5. Certificate of Status Desired { 6. Election Campaign Financing	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
23 Orla	ndo_1FI	[28] Orlando,	FI	Trust Fund Contribution	Added to Fees
Zip . 2~	Country	Zip 32.810 [Country	8. This corporation owes the current year	
24 3	2804 [25]	[29]	<u> </u>	Personal Property Tax	[]Yes []No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
116	Tin, Ozel W III Tindale Circle Gwood Fl 32779		82 Street Ad 83 84 City	ddress (P.O. Box Number is Net Acceptable)	85 Zip Code
Office or r	egistered agent, or both, in the State in familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida Such change was auth ations of, Section 607,0505, Florid on and board applicable (NOTE Re	sarized by the coroor	the state of the s	pointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Martin, Ozel w III	[] DELETE	11 TITLE	MARTIN, OZEL W III	Georgiands (Languagu
NAME STREET ADDRESS	116 TINDALE CIRCLE		1.2 NAME 1.3 STREET ADDRESS	1497 Royal Circle	
CITY-ST-ZIP	LONGWOOD FL 32779		14 CHY-S1-ZIP	APOPKA, FI 32703	ł
TITLE	V	LIDELETE			[#change [] Addition
NAME	MARTIN, ANGELA M		2.2 NAME	MARTIN, Angela M 1497 Royal circle	
STREET ADDRESS	116 TINDALE CIRCLE		23 STREET ADDRESS	1497 Royal Circle	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 C(1Y-ST-Z(P)	APOPKA, F1 32705	
TITLE		[] DELETE	31 TITUE	•	[Change Addition
NAME			3.2 NAME		4879 6
STREET ADDRESS			33STREET ADDRESS	900002784 -02/23/99	-01078008
CITY-ST-ZIP			34 CITY-\$1-ZIP	****150_00	****150 Children
TITLE		E.) DELETE	4 1 TITLE	, , , , , , , , , , , , , , , , , , , ,	[Change = = [FAddition
NAME			4 2 NAME		ſ
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u></u>	[] DELETE	4.4 CITY-ST-ZIF		[]Change []Add-tion
VAANE		į į becere.	5.2 NAME		[.]g. [. [
STREET ADDRESS			53 STREET ADDRESS		1
TTY-ST-ZIP			54 C(1 Y - S1 - Z)P		
TITLE		[] DELETE	61 TITLE		C Change Agricon
NAME			6.2 NAME		No VIII
STREET ADDRESS			63 STREET ADDRESS	\	. 'Y 10 ~ (0 Y '

64 CITY-ST-ZIP CITY-51-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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 niade 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 adachment with an address, with all other like empowered.

SIGNATURE: /

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-98

295-4949 Clayto e Photo # 177