

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000047503 (6)

1. Corporation Name  
POSTAL PACK AND SHIP, INC.

Principal Place of Business  
5762 OKEECHOBEE BLVD  
W PALM BEACH FL 33417

Mailing Address  
5762 OKEECHOBEE BLVD  
W PALM BEACH FL 33417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

65-0432713

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIDMAN, MYRNA  
5762 OKEECHOBEE BLVD  
W PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name MAX D. SAMAKOW

82 Street Address (P.O. Box Number is Not Acceptable)  
5762 Okeechobee Blvd

83

84 City West Palm Beach

FL

85 Zip Code 33417

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 Max D. Samakow - MAX D. SAMAKOW

1-10-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE  
NAME KARSenty, IRIS M.  
STREET ADDRESS 5762 OKEECHOBEE BLVD  
CITY-ST-ZIP W PALM BEACH FL

TITLE PD ☒ DELETE  
NAME SIDMAN, MYRNA  
STREET ADDRESS 5762 OKEECHOBEE BLVD  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
1.2 NAME MAX R. SAMAKOW  
1.3 STREET ADDRESS 5762 Okeechobee Blvd  
1.4 CITY-ST-ZIP W. PALM BEACH, FL 33417

2.1 TITLE VICE PRES - DIRECTOR ☒ Change ☐ Addition  
2.2 NAME SHIRLEY R. SAMAKOW  
2.3 STREET ADDRESS 5762 Okeechobee Blvd  
2.4 CITY-ST-ZIP W. PALM BEACH, FL 33417

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: Max D. Samakow 1/10/98 561-646-2490

CR2E034 (10/97)