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

APPROVED AND FILED
'95 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058388 (8)**

1. Corporation Name
THE EXPEDITER, INC.

Principal Place of Business: 6667 WHITE DR, W. PALM BEACH FL 33407, US

Mailing Address: 6667 WHITE DR, W. PALM BEACH FL 33407, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1993**
3a. Date of Last Report: **05/20/1994**
4. FEI Number: **65-0431018** ☐ 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 has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAGNUSON, SVEN E
6667 WHITE DR
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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 617.0502, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGNUSON, SVEN E
STREET ADDRESS	2800 N. FLAGLER DR. #804
CITY-ST-ZIP	W. PALM BEACH FL 33407-5226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition — #704

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)(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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-27-95 Daytime Phone #: 407-863-2220

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