

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000059815 (9)

1. Corporation Name

HOUSEHOLD EXPRESS, INC.



Principal Place of Business

8832 STATE ROAD 84
DAVIE FL 33324

Mailing Address

113 NORTH FEDERAL HIGHWAY
DANIA FL 33004

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4914 NW 91 TERRACE

27 Suite, Apt. #, etc.

28 SUNRISE, FLA.

29 Zip

33351

30 Country

USA

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

03/20/1995

4. FEI Number

65-0429648

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

9. Name and Address of Current Registered Agent

ADAMS, GERALD J II
113 NORTH FEDERAL HIGHWAY
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

MICHAEL ELDERKIN

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

4914 NW 91 TERRACE

83

84 City

SUNRISE

FL

85 Zip Code

33351

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

Michael Elderkin

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

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, JAMES JR.
STREET ADDRESS 8832 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33324 ☐ DELETE

TITLE VD
NAME ELDERKIN, MIKE
STREET ADDRESS 4914 NORTHWEST 91ST TERRACE
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE TD
NAME JOHNSON, JAMES JR.
STREET ADDRESS 8832 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33324 ☐ DELETE

TITLE SD
NAME ELDERKIN, MIKE
STREET ADDRESS 4914 NORTHWEST 91ST TERRACE
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

TITLE D
NAME JOHNSON, JAMES JR.
STREET ADDRESS 8832 STATE ROAD 84
CITY-ST-ZIP DAVIE FL 33324 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 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:

Mike Elderkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE ELDERKIN-PRESIDENT

4/25/96 (954) 929-5162

DATE

Daytime Phone #

CR2E034 (12/95)