

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 25 1997 8:00am  
Secretary of State

DOCUMENT # P93000059815 (9)

1. Corporation Name  
HOUSEHOLD EXPRESS, INC.

Principal Place of Business

8832 STATE ROAD 84  
DAVIE FL 33324

Mailing Address

4914 NW 91 TERRACE  
SUNRISE FL 33351-5339  
US



|                                |                     |                     |                     |   |  |                                       |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>08/23/1993   |  | 3a. Date of Last Report<br>05/01/1996 |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0429648   |  | Applied For<br>Not Applicable         |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required        |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

ELDERKIN, MICHAEL  
4914 NW 91 TERRACE  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

1 Name  
2 Street Address (P.O. Box Number is Not Acceptable)  
3  
4 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 title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | PD                          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, JAMES JR.          | 1.2 NAME  |   |
| STREET ADDRESS             | 8832 STATE ROAD 84          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DAVIE FL 33324              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELDERKIN, MIKE              | 2.2 NAME  |   |
| STREET ADDRESS             | 4914 NORTHWEST 91ST TERRACE | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL 33351            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, JAMES JR.          | 3.2 NAME  |   |
| STREET ADDRESS             | 8832 STATE ROAD 84          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DAVIE FL 33324              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELDERKIN, MIKE              | 4.2 NAME  |   |
| STREET ADDRESS             | 4914 NORTHWEST 91ST TERRACE | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL 33351            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, JAMES JR.          | 5.2 NAME  |   |
| STREET ADDRESS             | 8832 STATE ROAD 84          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DAVIE FL 33324              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME  |   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 appointment with an address.

SIGNATURE

*[Signature]*

4/15/97

950-748-1110

CR2E034 (9/96)