

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000018966 (9)

1. Corporation Name

**IBS-EXPRESS, INC.  
AEROSTAR MESSENGER SERVICE, INC.**



Principal Place of Business

6304 BENJAMIN RD.  
STE. #507  
TAMPA FL 33634  
US

Mailing Address

4799 AVIATION PARKWAY  
STE. #D  
ATLANTA GA 30349  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 6304 BENJAMIN ROAD  
Suite, Apt. #, etc.

27 SUITE 507  
City & State

28 TAMPA, FL  
Zip Country

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2100883

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

LAZENBY, RANDY C  
4519 W LAMBRIGHT ST  
TAMPA FL 33614

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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 of typed or printed name of registered agent and, if not applicable, of the corporation.

Signature of Registered Agent (signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☒ DELETE  
NAME D'ELIA, ALBERT  
STREET ADDRESS 4799 AVIATION PKWY STE. #D  
CITY-STATE-ZIP ATLANTA GA 30349

TITLE P ☐ DELETE  
NAME LAZENBY, RANDY  
STREET ADDRESS 4519 W LAMBRIGHT ST  
CITY-STATE-ZIP TAMPA FL 33614

TITLE VP ☐ DELETE  
NAME LAZENBY, HELEN M  
STREET ADDRESS 4519 W LAMBRIGHT ST  
CITY-STATE-ZIP TAMPA FL 33614

TITLE S ☒ DELETE  
NAME D'ELIA, LAURA  
STREET ADDRESS 4799 AVIATION PKWY STE. #D  
CITY-STATE-ZIP ATLANTA GA 30349

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

*Randy C. Lazenby* RANDY C. LAZENBY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RANDY LAZENBY PRESIDENT/DIRECTOR

4/23/96 (813)249-0611  
Date Daytime Phone #

CR2E034 (12/95)