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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sanora B. Mortham Secretary of State

	1996	TO THE STATE OF	DIVISION OF	CORPOR	RATIC	DNS					
DOCUMENT # P94000019830 (6)											
POST.	SHIP & SHOP, INC.										
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Principal Place	of Business	Mailir	ng Address								
6633 BOYNTO	ON BEACH BLVD.	663	6633 BOYNTON BEACH BLVD.								
BAY #9 BOYNTON BEACH FL 33437		BA	BAY #9								
		ВО	BOYNTON BEACH FL 33437				3	3. Date Incorporated or Qualified	3a. Dat	e of Last R	leport
								03/15/1994		5/01/19	95
2. Principal Place of Business		<b>⊢</b> - 1	2a. Mailing Address				4	L FEI Number			Applied For
21		L	26					65-0482118			Not Applicable
Suite Apt. #	, etc	F	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	5 Additional Required
City & State	and the state of t		ity & State					Election Campaign Financing			
23		28	., .				`	Trust Fund Contribution			0 May Be ed to Fees
Zip	Country		ip	T	untry		-   -	3. This corporation has liability for	intangible t		
24	25	29		30				Florida Statutes X Ye			
	9. Name and Address of Cur	rent Register	red Agent			1 53	10	0. Name and Address of New	Registered	Agent	
					81	Name					
DAVID FEIGENBAUM CPA					82	Street Ad	Idress (	P.O. Box Number is Not Accepta	ble)		
	TH ROAD 220					<u> </u>					
BOYNIU	N BEACH FL 33436										
					84	City			FI	85 Z	p Code
familiar with SIGNATURE	o the provisions of Sections £07.05 ad agent, or both, in the State of F in, and accept the obligations of, S	ection 607.05	05, Florida Statutes			named corp paration's bu disgressive requ			irpose of ct pointment a pair	ianging its i s registered	registered office 3 agent: Lam
12.		AND DIRECTO		13.				ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
THILE	D		☐ DECETE	1 1	THEF					Change	Addition
NAME	GOLDBERG, PAUL			121	MAME						
STREET ADDRESS	6633 BOYNTON BEACH B			135	STREET	AUDRESS					
CHTY - ST - ZIP	BOYNTON BEACH FL 334	37				ST - ZIP					
TiT_£			□ DELETE		TITLE					Change	Addition
NAME					NAME	1.4000000					
STREET ADDRESS						FADORESS ST-Zip					
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NAMÉ				421	NAME						
STREET ADDRESS				4.3	STREET	LADDRESS.					
CITY - ST - ZIP			FIRE			ST ZIF				<u></u>	ED Addition
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NAME STREET ADDRESS					NAME Street	1 ADDRESS					
CITY-ST-ZIP						5! - ZIP					
TITLE			DELETE		HME					Change	Addit on
NAME					NAME						
STREET ADDRESS				633	STREET	T ADDRESS					
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CITY-ST-ZIP

14. If do hereby certify that the information supplied with this fling 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 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRIVILED NAME OF SIGNING OFFICER OF DIRECTOR

5.1.96 407-736.0804