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Mailing Address

6633 BOYNTON BEACH BLVD.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

6633 BOYNTON BEACH BLVD.



FLORIDA DEPARTMENT OF STATE

FILED

May 28 1997 8:00am

Secretary of State

736.0504

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019830 (6)

POST, SHIP & SHOP, INC.

BOYNTON BEACH FL 33437-3526 **BOYNTON BEACH FL 33437** 3. Date incorporated or Qualified 3a. Date of Last Report 03/15/1994 05/01/1996 2s. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0482118 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zip 24 30 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DAVID FEIGENBAUM CPA 200 KNUTH ROAD 220 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33438** 83 84 City 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE **GOLDBERG, PAUL** 1.2 NAME NAME 6633 BOYNTON BEACH BLVD #9 STREET ADDRESS 1.3 STREET ADDRESS BOYNTON BEACH FL 33437 CITY - ST - ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZIP CITY - S1 - ZIP DELETE Change Addition 3.1 TITLE THEF NAME 3.2 NAME STREET ADDRÉSS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZiP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIE DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 or an attachment with an address.