FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 10 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026296 (1)**

1. Corporation Name

FLORIDA EXPRESS TODAY, INC.

Principal Place of Business	Mailing Address
454 LOCK ROAD APARTMENT #142 DEERFIELD BEACH FL 33442	454 LOCK ROAD APARTMENT #142 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 810 SE 8TH AVE	26 6278 N. FEDERAL HWY
Suite, Apt. #, etc. 22 SUITE B	Suite, Apt. #, etc. 27 SUITE 402
City & State 23 DEERFIELD BCH, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33441-5623 / 25 BROWARD	Zip / Country 29 33308 / 30 BROWARD

4. FEI Number: 65-0492511 ☐ 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

WARM, STEVEN
2101 CORPORATE BOULEVARD
SUITE 215
BOCA RATON FL 33431

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	COCCIA, ALPHONSE S	12 NAME	COCCIA, ALPHONSE S.	
STREET ADDRESS	454 LOCK ROAD, APARTMENT 142	13 STREET ADDRESS	23013 SW 56TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	14 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	COCCIA, SEAN MICHAEL	22 NAME	COCCIA, SEAN MICHAEL	
STREET ADDRESS	2160 N.E. 42ND CT., APT. 1	23 STREET ADDRESS	22173 SW 65TH TERR	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	24 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COCCIA, SALLY MICHELLE	32 NAME		
STREET ADDRESS	190 S.E. 12TH AVENUE, APT. 4A	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 attachment with an address.

SIGNATURE: S. C ALPHONSE S. COCCIA 6/17/95 305-574-9822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0944937 CP