

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 3-6-96

6-1935

DOCUMENT # P94000026296 (1)

1. Corporation Name

FLORIDA EXPRESS TODAY, INC.



Principal Place of Business

Mailing Address

810 SE 8TH AVENUE
SUITE B
DEERFIELD BEACH FL 33441-5623
US

6278 N FEDERAL HWY
SUITE 402
DEERFIELD BEACH FL 33308
US

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 2020 W MCNAB RD

26 6278 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 104

27 SUITE 402

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33309

25 BROWARD

29 33308

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Step 1: Type or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME COCCIA, ALPHONSE S
STREET ADDRESS 23013 SW 56TH AVENUE
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COCIA, SEAN M
STREET ADDRESS 22173 SW 65TH TERRACE
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME COCCIA, SALLY MICHELLE
STREET ADDRESS 190 S.E. 12TH AVENUE, APT. 4A
CITY-ST-ZIP POMPANO BEACH FL 33062

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: ALPHONSE S. COCCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96
Date

1-305-972-5923
Daytime Phone #

CR2E034 (12/95)