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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032593 Corporation Name

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90180 010 ***158.75

ALTERNATE DELIVERY SERVICES INC. Principal Place of Business Mailing Address G/O 801 N.E. 167TH STREET, SUITE 300 119 PARK GATE DR NORTH MIAMI BEACH FL 33162 EDISON NJ 08820 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 04/29/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For PO BOX 1998 9 58-2153040 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired HILLS, AZ Fee Required FOUNTAIN 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 85269 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ΧŃο □Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 801 N.E. 167TH STREET, SUITE 300 **NORTH MIAMI BEACH FL 33162** 83 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 12 OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Addition TITLE 1.1 TITLE KARPEL DAVID KARPEL, DAVID 1.2 NAME NAME 14816 E. CHOLULA DRIVE 119 PARK GATE DR 1.3 STREET ADDRESS STREET ADDRESS FOUNTAIN HILLS AZ 85268 EDISON NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE ☐ Addition TITI F NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP __ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TMLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE

CITY-ST-ZIP 14. I 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NTED NAME OF SIGNING OFFICER OR DIRECTOR

800 800 8731