

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037825 (4)

1. Corporation Name

THE COURIER GROUP, INC.



Principal Place of Business

Mailing Address

812 N.W. 26TH STREET
WILTON MANORS FL 33311

812 N.W. 26TH STREET
WILTON MANORS FL 33311

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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Zip

Country

Zip

Country

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4. FEI Number

65-0492645

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

10. Name and Address of New Registered Agent

HUSSEY, RICHARD
633 S FEDERAL HWY, 400
FT LAUDERDALE FL 33301

81

Name

SMITH, RICHARD K.

82

Street Address (P.O. Box Number is Not Acceptable)

812 N.W. 26 STREET

83

84

City

WILTON MANORS

FL

85

Zip Code

33311

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

Richard K. Smith

(NOTE: Registered Agent signature required when reinstating)

1-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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PSD
REBHOLZ SMITH, WENDELYN M
812 NW 26 STREET
WILTON MANORS FL 33311

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WILTON MANORS FL 33311

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1.4 CITY- ST- ZIP
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2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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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:

Wendelyn M. Rehholz

1/25/96 (PSD) 524-6903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)