## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

1. Corporation	Name 7 7 P940 PANO POSTAL SERVICES	, INCORPORAT	•	)				
Principal Place of Business Mailing Address						I (DO)(DO) (48 104)( DR8) BO)( DB)( BO)(	. DOLLIK OPBILI SOBFO HOFILD	
2801 N COURSE DRIVE 2801 N COURSE DRIVE								
L-102 L-102				•				
POMPANO BEACH FL 33069 POMPANO BEACH FL 3			13069		DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Add						<b>06/27/1994 4.</b> FEI Number		pplied For
21		1 1	26			65-0500889	<u> </u>	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				¢0 75	Additional
22		27	27			5. Certificate of Status Desired Fee Required		
City & State	9	City & St	City & State			6. Election Campaign Financing	\$5.00	May Be
23 :		28]				Trust Fund Contribution		to Fees
<del></del>	Zip ' Country		<u> </u>		!	8. This corporation owes or has paid the current year Intangible		
24	25	[29]		30		Personal Property Tax due June 30.		No
	9, Name and Address of Curr	ен недізівіво Аўс	2016	81	Name	10. Name and Address of New Regist	ered Agent	
	ARNES, KIRK			[3]	TATILLE			
2801 N COURSE DR. L-102 Pompano Beach FL 33069				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
				83	<del> </del> -		<del></del>	
				84	City		FL 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registrated					poration submits this statement for the purp ation's board of directors. I hereby accept the directors of the directors of the directors of the directors of the directors of th	DATE	
TITLE	PDC DELE		DELETE	1.1 TITLE			Change	Addition
NAME	Barnes, Kirk							
STREET ADDRESS 2801 N. COURSE DR. L-10		105	1.3 STREET AODRESS		ADDRESS			
CITY-ST-ZIP					31 - ZIP			
TITLE		L	☐ DELETE				L_ Change	☐ Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET				
CITY-ST-ZIP TITLE		<del>-</del>	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change	Addition
NAME		_	J DECEME				☐ cuange	L.J AUDIDON
STREET ADDRESS				3.2 NAME	ADDRECC			
CITY-ST-ZIP				3.3 STREET	1			
TITLE		···	DELETE	4.1 TITLE	21. Flr		Change	Addition
NAME		<u> </u>	· <del>-</del>	4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CiTY-S				
TITLE		E	DELETE	5.1 TITLE			☐ Change	Addition
NAME				5 2 NAME			,	
STREET ADDRESS				5 3 STREET	ADDRESS			
CITY-ST-ZIP				54 CITY-S		_		
TITLE		L	DELETE	61 111LE			Change	Addition
NAME				6.2 NAME				
STREET ADORESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 City - S	(1-7IP			

14. Thereby 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 required in truston 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 attribute in the corporation of the corpo

**FILED** 

May 04 1998 8:00am

Secretary of State