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

DOCUMENT # **P94000054345 (1)**

1. Corporation Name
SHIP TODAY, INC.

95 MAY -1 AM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1360 SW 32 WAY
DEERFIELD BEACH FL 33442

Mailing Address
1360 SW 32 WAY
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **07/22/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27
City & State — 23 / City & State — 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0512269 — 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. The Corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, T.N. JR.
700 W HILLSBORO BLVD
SUITE 206
DEERFIELD BEACH FL 33441

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 Section 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABARBERA, SANTO
STREET ADDRESS	2851 NE 46 ST
CITY, ST, ZIP	LIGHTHOUSE POINT FL 33064
TITLE	D
NAME	LUBOWICKI, DON
STREET ADDRESS	5851 HOLMBERG RD #2211
CITY, ST, ZIP	PLANTATION FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
3. NAME	
4. STREET ADDRESS	
5. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: Donald Shilowitz — 4/26/95 — 305-5709860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044144 CP