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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000056452 (3)

UNDERCOVER COURIER, INC.

Principal Place of Business Mailing Address 2232 WESTWOOD RD 2232 WESTWOOD RD FT. MYERS FL 33917 FT. MYERS FL 33917

FILED Apr 30 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 26 59-3262429 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FITZGIBBONS, THOMAS M 1800 SECOND ST Street Address (P.O. Box Number is Not Acceptable) SUITE 775 83 SARASOTA FL 34236 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Fingistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE 1.1 TITLE Change Addition DRYDEN, JOHN 1.2 NAME NAME 2232 WESTWOOD RD STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change THII F DELETE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City - St - ZiP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELFTE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

4-13-98