## 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

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P94000076732 (4)

1. Corporation  EFFIC	Name IENT EXPRESS, INC.								
Principal Place of Business Mailing Address					1 10411041 110 14111 41911 42111 42111	, <b>44</b> 00 <b>46</b> 00 <b>460 460 460 460 460 460 460 460 460 460 </b>	IND NOT IEST		
750 ROSE / SABASTIAN		750 Rose Avenue Sabastian FL 32958							
					3. Date Incorporated or Qualified 3a. Date of Last R 10/19/1994 09/12/18				
2. Principal Pa	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0527201	<b>→</b> · · ·	lied For Applicable		
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	dditional		
City & State	3	City & State			6. Election Campaign Financing	□ \$5.00 N	May Be		
<b>Ζ</b> ρ	Country	Zip Country		intry	Trust Fund Contribution  8. This corporation has liability for i				
4	9. Name and Address of Curi	[29] rent Registered Agent	30	r	Florida Statutes Yes X No  10. Name and Address of New Registered Agent				
				81] Name	10. Name and Places of New 11	sgistered Agent			
	.awyer Meria avenue			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	GABLES FL 33134				.L. F. H	7787 REF 81 84 84 84 84 84 84 84 84 84 84 84 84 84	-		
				<b>84</b> City		<b>85</b> Zip Co	ode		
or registers	o the provisions of Sections 607.05 ed agent or both in the State of Fl in, and accept the obligations of Se	লেটৰ: Such change was authorize	ed by the c	ive named corpora corporation's board	ation submits this statement for the pur, cl of directors. Thereby accept the appo	FL	stared office		
SIGNATURE _									
12.	Signature, typied or printed marrie of region rectlar OF FICERS A	end and blue diapple able (No.)  AND DIRECTORS	ft Begelend 13.	Age a signarare required	Lighter resisting) ADDITIONS/CHANGES TO OFFI	DATE.	IN 12		
TITLE	P	☐ DELETE	I 1 T	ITLE			Addition		
NAME	OSHEA, DOREEN		1.2 N/	4MF			ļ		
STREET ADDRESS	750 ROSE AVENUE		13SI	TREET ADDRESS					
CITY-ST ZIP	SABASTIAN FL 32958			Tv -ST - ZIP					
TITLE		□ DELETE	2.111			Change [	] Addition		
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STREET ADDRESS							j		
CITY - ST - ZIP TITLE	ľ			REET ADDRESS					
NAME		OFFETE	2.4 Ct	TY-SI ZIP		Change F	7 Addit on		
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6. Foo hereby certify that the information supplied with this filling is voluntarily turnished 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 charged, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENOR DIRECTOR

4/29/96

(407) 388-3785

CR2E034 (12/95)