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

PROFIT CORPORATION ANNUAL REPORT

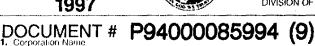


FLORIDA DEPARTMENT OF STATE

Sandra B. Morthard

Secretary of State DIVISION OF CORPORATIONS

1997



DISPATCH SERVICE OF PALM BEACH. INC. Principal Place of Business Mailing Address 3878 PROSPECT AVENUE 3878 PROSPECT AVENUE SUITE 10 SUITE 10 W PALM BEACH FL 33404-3346 W PALM BEACH FL 33404 3. Date incorporated or Qualified 3a. Date of Last Report 04/30/1996 11/21/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0539541 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 26 Added to Fees Country Zip Country 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GERST, MICHAEL R 3878 PROSPECT AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 10 83 W PALM BEACH FL 33404 84 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. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typical or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) (96/6) 12. DELETE 1.1 TITLE Change Addition DIU GERST, MICHAEL R NAME 1.2 NAME **923 9TH WAY** STREET ADORESS 1.3 STREET ADDRESS W PALM BEACH FL 33407 CITY - ST-7IP 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CDY-\$1-20 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE 71113 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 2IP DELETE Change Addition THILE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-SI-7P Addition DELETE 6.1 TITLE Change HILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with t information indicated on this annual reports

Lam an officer or director of the comorati appears in Block 12 of Block 13 if change

supplen

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that enver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DATE PRODUCT AND DATE OF SIGNING OFFICER OF DIRECTOR

FILED

May 08 1997 8:00am

Secretary of State