

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000089915 (0)
 1. Corporation Name

DESTINY EXPRESS MESSENGER SERVICES, INC.



Principal Place of Business: **6771 SW 13TH STREET PEMBROKE PINES FL 33023**
 Mailing Address: **6771 SW 13TH STREET PEMBROKE PINES FL 33023**

3. Date Incorporated or Qualified: **12/13/1994** 3a. Date of Last Report: **06/07/1995**
 4. FEI Number: **65-0542749** 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. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: **8362 Pines Boulevard Pembroke Pines, FL**
 2a. Mailing Address: **8362 Pines Boulevard Suite, Apt. #, etc. #117 City & State Pembroke Pines, FL**
 21. **Pembroke Pines, FL** 26. **8362 Pines Boulevard**
 22. **Suite 117** 27. **#117**
 23. **Pembroke Pines** 28. **Pembroke Pines, FL**
 24. **33024** 25. **U.S.A.** 29. **33024** 30. **U.S.A.**

9. Name and Address of Current Registered Agent
LARA, ERIN
6771 SW 13TH STREET
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent
 81. Name: **David T. Shelnuitt**
 82. Street Address (P.O. Box Number is Not Acceptable): **8362 Pines Boulevard #117**
 83.
 84. City: **Pembroke Pines, FL** 85. Zip Code: **33023**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *David T. Shelnuitt* President *Erin Lara* Registered Agent
 DATE: **4-1-96**

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	SHELNUITT, DAVID T	
STREET ADDRESS	6771 SW 13TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	LARA, ERIN	
STREET ADDRESS	6771 SW 13TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SHELNUITT, DAVID, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	8362 Pines Boulevard #117	
1.3 STREET ADDRESS	Pembroke Pines, FL	
1.4 CITY-ST-ZIP	Pembroke Pines, FL	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHELNUITT, DAVID T.	
2.3 STREET ADDRESS	8362 Pines Boulevard #117	
2.4 CITY-ST-ZIP	Pembroke Pines, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David T. Shelnuitt* 4-1-96 954-989-4099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID T. SHELNUITT, PRESIDENT**
 DATE: **4-1-96** DAYTIME PHONE: **954-989-4099**

CR2E034 (3/96)