

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007578 (4)

1. Corporation Name
CAST COURIER SERVICE INC.

Principal Place of Business
301 N.W. 105TH ST.
MIAMI FL 33150

Mailing Address
301 N.W. 105TH ST.
MIAMI FL 33150-1144



FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 10030 S.W. 8th St.		26 P.O. Box 69-3159		01/27/1995		05/21/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0551529		Not Applicable	
24 33025		29 33269		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Dade		X		5.00 May Be Added to Fees	
26 Country		31		6. Election Campaign Financing		Trust Fund Contribution	
27 Country		32		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

SADDLER, TONY
301 N.W. 105TH ST.
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name Tony Saddler
82 Street Address (P.O. Box Number is Not Acceptable)
83 10030 S.W. 8th St.
84 City Pembroke Pines FL 85 Zip Code 33025

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	X DELETE		1.1 TITLE	V	X Change X Addition	
NAME	SADDLER, CARLENE C			1.2 NAME	Carlene C. Saddler		
STREET ADDRESS	301 NW 105TH ST			1.3 STREET ADDRESS	10030 S.W. 8th St.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Pembroke Pines, FL 33025		
TITLE	P	X DELETE		2.1 TITLE	P	X Change X Addition	
NAME	Tony Saddler			2.2 NAME	Tony Saddler		
STREET ADDRESS	10030 S.W. 8th St.			2.3 STREET ADDRESS	10030 S.W. 8th St.		
CITY-ST-ZIP	Pembroke Pines, FL 33025			2.4 CITY-ST-ZIP	Pembroke Pines, FL 33025		
TITLE		X DELETE		3.1 TITLE		X Change X Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		X DELETE		4.1 TITLE		X Change X Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		X DELETE		5.1 TITLE		X Change X Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		X DELETE		6.1 TITLE		X Change X Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 changed, or on an attachment with an address.

SIGNATURE: Tony Saddler 6/27/97 (754) 677-2566 (954) 344-1447

CR2E034 (9/96)