FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000018169 (9)

P & D	DELIVERY SERVICE, INC.						
Principal Place	of Business	Mailing Address				-	4
		9954 S.W. 156TH COI MIAMI FL 33196-3850					
						3. Date Incorporated or Qualified 3a. Date of L 03/02/1995	ast Report
2. Principal Pla	ce of Business	2a. Mailing Address			 	4. FEI Number	Applied For
Contro Aven II		26				65-0566792	Not Applicable
Suite, Apt. #	enc.	Suite, Apt. #, etc.				1 5. Certificate of Status Desired 171	3.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing	5.00 May Be
23		28					Added to Fees
- 2η. [4]	Country [25]	Zip		untry	,	8. This corporation has liability for intangible tax und Florida Statutes Yes No	ders 199.032,
- 1 .	9. Name and Address of Curren	29 It Registered Agent	30	т		10. Name and Address of New Registered Ager	•
				81	Name		
DAHLIN,	, ARNOLD N			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	W. 156TH COURT					50 (Tel 2011 (M. 201	
MIAMI F	L 33196-3850			83			
				84	City	FL 85	Zip Code
or registere familiar with SIGNATI FRE	ed agent, or both, in the State of Floric	da. Such change was authoriz- ion 607.0505, Florida Statutes	ed by the	corp	oration's board	tion submits this statement for the purpose of changing of directors. Thereby accept the appointment as regis	tered agent. I am
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
Tituf	D	DELETE	1, 1	1. 1 TITLE		Ŭ Ch	ange 🔲 Addition
NAME	DAHLIN, CHRISTINE 9954 S.W. 156TH COURT		1.2 N		Ì		
STREET ADDRESS OUTY-STEZIP	MIAMI FL 33196-3850		·		ADDRESS		
MILE	D	[] DELETE		1.4 CITY+ST-ZIP 2 1 TITLE		☐ Ch	ange Addition
NAME	DAHLIN, ARNOLD N			2 2 NAME			ъ. <u>Б. тети</u>
STHEFT ADDRESS	9954 S.W. 156TH COURT		235	IREET	ADDRESS		
OTEST ZE	MIAMI FL 33196-3850			ITY-S	T-71P		
TITLE		☐ DELETE	3 1 1			□ Ch	ange 🗀 Addition
NAME SUBEET ACIDROSS			32 N		T ADDRESS		
C1Y SI-7P				TY-S			
TILE				HTLE			
NAM:		DELETE	7.11			☐ Ch	ange 🔲 Addition
		[_] DELETE	4.2 N	AME		Ch	ange 🔲 Addition
STREET ADDRESS		[_] DELFTE	4.2 N		ADDRESS	Ch	ange 🔲 Addilion
C1Y-S1-ZF			4.2 N 4.3 S 4.4 C	TREFT	1		
CHY-SI-ZiP Titus	·····	☐ DELETE	4.2 N 4.3 S 4.4 C 5 1 T	TREFT ITY - S TITLE	1	□ Ch:	
CHY-SI-ZiP MU: NAME	·····		4.2 N 4.3 S 4.4 C 5.1 T 5.2 N	TREFT ITY - S TITLE AME	T-ZIP		
CHY-ST-ZP THU NAMA STREET ADDRESS			4.2 N 4.3 S 4.4 C 5 1 T 5.2 N 5.3 S	TREET ITY-S TITLE AME TREET	T-ZIP ADDRESS		
COLY-ST-ZIP THUE NAME STHEET ADDRESS CITY ST-ZIP			4.2 N 4.3 S 4.4 C 5 1 T 5.2 N 5.3 S	TREET ITY - S IITLE AME TREET ITY - S	T-ZIP ADDRESS		ange Addition
CHY-SI-ZP THLF NAME SIREELADDRESS CHY SI-ZP THLE		□ DELETE	4.2 N 4.3 S 4.4 C 5 1 T 5.2 N 5.3 S 5.4 C	TREFT ITY-S TITLE AME TREET ITY-S	T-ZIP ADDRESS	Ch.	ange 🔲 Addition
STREET ADDRESS CHY-SE-ZIP THEF NAME STREET ADDRESS CHY-SE-ZIP THEE NAME STREET ADDRESS		□ DELETE	4.2 N 4.3 S 4.4 C 5.11 5.2 N 5.3 S 5.4 C 6.11 6.2 N	TREET ITY - S' TITLE AME TREET ITY - S' TITLE AME	T-ZIP ADDRESS	Ch.	ange 🔲 Addition

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 order; 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 changed, or or an attachment with an address.

SIGNATURE: Men

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96 305-395-8750