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 # P95000021008 (4)

1. Corporation Name

M&M POSTAL CENTER, INC.

Principal Place of Business: ~~8225 PINE ISLAND RD TAMARAC FL~~

Mailing Address: ~~8225 PINE ISLAND RD TAMARAC FL~~

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report:
4. FEI Number: 65-0566450 — 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. 199.032 Florida Statutes ☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	8209 N. Pine Island Rd.	26	8209 N. Pine Island Rd.
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State: TAMARAC FL	28	City & State: TAMARAC FL
24	Zip: 33321	29	Zip: 33321
25	Country: US	30	Country: US

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Kathleen M. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 8209 N. Pine Island Rd.
83
84 City: TAMARAC FL 85 Zip Code: 33321

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 Kathleen M. Miller KATHLEEN M. MILLER OWNER 6/25/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MONTANA, CAROL A	
STREET ADDRESS	~~8131 INVERRARY BLVD.~~ 8209 N. Pine Island Rd.	
CITY-ST-ZIP	~~LAUDERHILL FL~~ TAMARAC, Fl 33321	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☑ Addition
1.2 NAME	Kathleen M. Miller	
1.3 STREET ADDRESS	8209 N. Pine Island Rd.	
1.4 CITY-ST-ZIP	TAMARAC, Fl 33321	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME	Montana, Carol A.	
2.3 STREET ADDRESS	8209 N. Pine Island Rd.	
2.4 CITY-ST-ZIP	TAMARAC, Fl 33321	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

100001911591
-08/02/96--01044--012
***225.00

8-2-96

CR2E034 (3/96)

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: Kathleen M. Miller KATHLEEN M. MILLER 6/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR