SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023440 (7)

DESKTOP SHIPPING SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address

FILED Aug 05 1997 8:00am Secretary of State



Thates an son 1111

4531 DELEON COURT STE. 207 FORT MYERS FL 33907		4531 DELEON COURT STE. 207 FORT MYERS FL 33907			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report					
O Maria Discost Discost						03/22/1995	1 07	7/17/1996		
2. Principal Place of Business 21 3821 Clark Road 22 3821 Clark			Road			4. FEI Number 65-0580259			Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	Sarasota, 7/oxida 📴 Sarasota			d	A	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip 24 3423	Country Zip Country 33 25 29 34233 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Current					10. Name and Address of New Re	glstered	Agent		
-459 S⊌f	. <mark>OGNESE, JOSEPH F</mark> 1 BELEON ST . 382/ Cima TE 207 MYERS E 3007 SARASOT	81 82 83	8	Name Street Addri	ess (P.O. Box Number is Not Acceptab	le)				
	WITHOUT CHILDREN	m, m, ogaos	84	(Dity			85 Zi	ip Code	
					•		FL			
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, typed or printed name of registered agen			eni s	ignature require	ed when reinstating)	DATE	······································		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
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STREET ADDRESS	y. The second second		6.3 STREET							
CITY-\$T-ZIP		with this filing does not qualify	6.4 CITY - S			In Section 119.07(3)(i), Florida Statutes	Lfurtho	r carlify th	at the	
informatio	n indicated on this annual report or su	innlamental annual report le true	and anti	urat	to and that	my signature shall have the same legal t as required by Chapter 607, Florida St	offeet ar	if mada i	under eath: that	