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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023440 (7)

DESKTOP SHIPPING SERVICES OF FLORIDA, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
3821 CLARK ROAD SARASOTA FL 34233 US	3821 CLARK ROAD SARASOTA FL 34233 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	_
			03/22/1995	- 1
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	ᅱ
21	26		65-0580259 Not Applicab	le
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	\Box
22	27		Fee Required	Ц
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip Country	28 Zip	Country	Trust Fund Contribution Added to Fees	
24 25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	-
g, Name and Address of Currer		1001	10. Name and Address of New Registered Agent	\dashv
BOLOGNESE, JOSEPH F		81 Name		ヿ
3821 OLARK ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)	\dashv
SARASOTA FL 34233			The second secon	
		83		\neg
		84 City	85 Zip Code	
44 B	Loop to the state of the state		PL '	
office or registered agent, or both, in the State	of Florida, Such change was a	es, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	a
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE Signature typed or printed name of registered age	ont and title if applicable. (NOT	E: Registered Agent signature	required when reinslating) DATE	-
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE PD	☐ DELETE	1.1 TITLE	Change Additio	n :
NAME BOLOGNESE, JOSEPH F	_	1.2 NAME		
STREET ADDRESS 4531 DELOEN CT., SUITE 20	7	1.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS FL 33907	DELETE	1.4 CITY-ST-ZiP	D Charles	
NAME	better	2.1 TITLE	☐ Change ☐ Additio	" "
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Change Additio	in
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		↲
TITLE	☐ DELETÉ	4.1 TITLE	Change Additio	n
NAME OTDEST ADDRESS		4. 2 NAME		ı
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS		
TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TIFLE	☐ Change ☐ Additio	
NAME		5.2 NAME	L compt Li volution	"
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	Change Addition	n
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		1
CITY-ST-ZIP	26. 41.22.21.22.21.	6.4 City-St-ZIP	d in Continu 110 07/20/11 Florida Change Life the continue and the late of the continue and	╛

indicated on this annual reportor supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual reports uppliemental 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 expowered 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 my an activess.