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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000032979 (3)

1. Corporation Name

ULTIMATE PACKING & SHIPPING, INC.



Principal Place of Business

Mailing Address

1629 S.W. 116TH AVENUE  
PEMBROKE PINES FL 33025

1629 S.W. 116TH AVENUE  
PEMBROKE PINES FL 33025

2. Principal Place of Business

2a. Mailing Address

21 ULTIMATE PACKING & SHIPPING

26 ULTIMATE PACKING & SHIPPING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 18524 NW 67 AVE., SUITE 122

27 18524 NW 67 AVE., SUITE 122

City & State

City & State

23 MIAMI, FL 33015

28 MIAMI, FL 33015

Zip

Zip

Country

Country

24 33015

25

DADE

29 33015

30

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, MATTHEW S  
1629 S.W. 116TH AVENUE  
PEMBROKE PINES FL 33025

81 Name

MILTON FRIEDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

3333 W. COMMERCIAL BLVD.

83

SUITE B-110

84 City

FT. LAUDERDALE

FL

85

Zip Code  
33309

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:

MILTON FRIEDMAN

(NOTE: Registered Agent signature required when registering)

5/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME FRIEDMAN, MATTHEW S  
STREET ADDRESS 1629 S.W. 116TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VPSD  
NAME FRIEDMAN, THERESA  
STREET ADDRESS 1629 S.W. 116TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PTD  
1.2 NAME FRIEDMAN, M. STEVEN  
1.3 STREET ADDRESS 320 S. FLAMINGO RD., #111  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

2.1 TITLE VPSD  
2.2 NAME FRIEDMAN, T.  
2.3 STREET ADDRESS 320 S. FLAMINGO RD., #111  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)