

FILE NOW FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049410 (0)**

1. Corporation Name

**MAIL & MORE, INC.**



Principal Place of Business

**2718 N STATE RD 7  
MARGATE FL 33063**

Mailing Address

**3187 N STATE RD 7 2718 N STATE RD 7  
MARGATE FL 33063-7006**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **2718 N STATE RD 7**

**27** Suite, Apt. #, etc.

**28** City & State

**29** **MARGATE FL**

**30** **33063 USA**

3. Date Incorporated or Qualified

**06/21/1995**

3a. Date of Last Report

**12/19/1996**

4. FEI Number

**APPLIED FOR SB-1800902**

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**

9. Name and Address of Current Registered Agent

**SERRONE, CATHERINE  
212 E HEMINGWAY CIR  
MARGATE FL 33063**

**81** Name

**CATHERINE SERRONE**

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

**5181 COLUMBO COURT**

**83**

**84** City

**DELRAY BEACH**

**FL**

**85** Zip Code

**33412**

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

*Catherine Serrone*  
Signature, typed or printed name of registered agent and title if applicable

**CATHERINE SERRONE**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**3/14/97**

12. OFFICERS AND DIRECTORS

**1** ☐ DELETE  
TITLE **P**  
NAME **BREE, KATHLEEN E**  
STREET ADDRESS **5181 COLUMBO CT**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

**2** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**3** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**5** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**6** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE ☐ Change ☐ Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP ☐ Change ☐ Addition

**2.1** TITLE ☐ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP ☐ Change ☐ Addition

**3.1** TITLE ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP ☐ Change ☐ Addition

**4.1** TITLE ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP ☐ Change ☐ Addition

**5.1** TITLE ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP ☐ Change ☐ Addition

**6.1** TITLE ☐ Change ☐ Addition

**6.2** NAME

**6.3** STREET ADDRESS

**6.4** CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE

*Kathleen E Bree*

**3/14/97 10:04:25 AM**

CR2E034 (9/96)