

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 10 1997 8:00am
Secretary of State

DOCUMENT # P95000070593 (5)

1. Corporation Name

POSTAL CENTER IX INC.



Principal Place of Business

1129 ROYAL PALM BEACH ROAD BLVD
ROYAL PALM BEACH FL 33411

Mailing Address

1129 ROYAL PALM BEACH ROAD BLVD
ROYAL PALM BEACH FL 33411-1641

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

06/25/1996

4. FEI Number

65-0611146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

~~SIDMAN, MYRNA~~
~~1271 PINETTA CIRCLE~~
~~WEST PALM BEACH FL 33414~~

HERBERT G. PEREZ
6434 TRAVIS RD.
W. PALM BEACH, FL
33406

10. Name and Address of New Registered Agent

81 Name

HERBERT G. PEREZ

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

6434 TRAVIS RD.

83

84 City

W. Palm Bch,

FL

85 Zip Code

33406

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

Herbert G. Perez
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ DELETE
P
SIDMAN, MYRNA
1271 PINETTA CIR
WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ DELETE
VP
SIDMAN, JENNY
1739 BRAE BURN PL
WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
HERBERT G. PEREZ
6434 TRAVIS RD.
W. PALM BEACH, FL 33406
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VICE-PRESIDENT, Sec.
PRISCILLA PEREZ
6434 TRAVIS RD
W. PALM Bch, FL 33406
☒ Change ☐ Addition

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

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

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

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

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

Herbert G. Perez
Signature, typed or printed name of registered agent, and title if applicable

1-11-97 5:11 PM 964-882

CR2E034 (9/96)