

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

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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **ASHER'S General Postal Center**
1. Corporation Name **D/B/A General Postal Center**

ASHER'S
2. Principal Place of Business **General Postal Center**
3. Date Incorporated or Qualified **1/96**
3a. Date of Last Report
4. FEI Number **65 06 36334**
Applied For
Not Applicable

1511 E. Commercial Blvd
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

FL. Lauderdale, FL 33334
2. Principal Place of Business **SAME**
2a. Mailing Address **SAME**
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country

29. Suite, Apt. #, etc.
30. City & State
31. Zip
32. Country

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81. Name **CHERYL F. Asher**
82. Street Address (P.O. Box Number is Not Acceptable)
1511 E. Commercial Blvd.
83. **FL. Lauderdale, FL 33334**
84. City
85. Zip Code **33334**

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 **Cheryl F. Asher**
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when re-stating)
DATE **5/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NOEL P. FLANNERY ☒ DELETE	1.1 TITLE	Pres ☒ Change ☐ Addition
NAME	11350 NW 30 PLACE	1.2 NAME	CHERYL F. Asher
STREET ADDRESS	SUNRISE, FL. 33323	1.3 STREET ADDRESS	1511 E Commercial Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FL. LAUDERDALE, FL 33334
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Cheryl F. Asher**
Signature and typed or printed name of signing officer or director
DATE **4/3/97**
954-771-7277

CR2E034 (9/96)