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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004697 (4)

ASHER'S GENERAL POSTAL CENTER, INC.

Principal Place of Business Mailing Address ASHER'S GENERAL POSTAL CENTER ASHER'S GENERAL POSTAL CENTER 1511 E. COMMERCIAL BLVD 1511 E. COMMERCIAL BLVD			RAL POSTAL CENTE	P	1381/1681 178 1897 514/1 581/1 681/1 887/1 887/1 581/1 581/1 581/1 581/1 581/1	
	ALE FL 33334	FT. LAUDERDAL			DO NOT WRIT 3. Date Incorporated or Qualified 01/16/1996	E IN THIS SPACE
2. Principal P	lace of Business	26. Mailing Add	ress	7	4. FEI Number 65-0636334	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curre	Zip 29 29	30 Coun		This corporation owes or has p Personal Property Tax due Jun Name and Address of New R	e 30. Yes No
	HER, CHERYL F HER'S GENERAL POSTAL CEN			1 Name		
1511 E. COMMERCIAL BLVD FT. LAUDERDALE FL 33334			[6 		ress (P.O. Box Number is Not Accepta	ble)
F1.	CAUDENDALE PL 33334		[8		·····	FL 85 Zip Code
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the obligation, typode protections of legisland as	gations of Section 607	.0505, Florida Statul	os.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		VD DIRECTORS	13.	gen signature requi	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DI	ELETE 1.1 TOTAL			Change Addition
NAME	ASHER, CHERYL F		1.2 NAM	<u>:</u>		
STREET ADDRESS	1511 E COMMERCIAL BLVD		. 13 STR	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 Dity			
TITLE		☐ DI				Change Addition
namé			2.2 NAV	1		
STREET ADDRESS				FT ADDRESS		
CITY-SI-ZIP TITLE		DI		- ST- ZIP		Change Addition
NAME		ر ا	3.2 NAM	Į.		C overige C vacance.
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DI				Change Addition
NAME			4 2 NAM	1		<u> </u>
STREET ADDRESS				ET ADDRESS		i
CITY-ST-ZIP			4.4 CITY			'
TITLE		DI				Change Addition
NAME	3/2198 as		5.2 NAW	Į.		_
STREET ADDRESS	111,4			ET ADDRESS		
CITY-ST-ZIP	31 24		5.4 CITY	1		
TITLE		DI 🔲				Change Addition
NAME	NYar	— ···	6.2 NAM	1		
			■ D / WAM			

14. I 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 is 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 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 or an attrictment with an address.