## SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

**DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P96000018480 (9)

POSTA	L CENTER II, INC.	(0)		 	<b>1</b> 111 <b>1111</b> 1 11 <b>61</b> 1 1		
Principal Plac	ce of Business	Mailing Address					
4422 HIGHWAY 40 WEST 4422 HIGHWAY 40 WEST SUITE 1 SUITE 1 QCALA FL 34482 QCALA FL 34482				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified	3a. Date	. Date of Last Report	
<u> </u>		1.2		02/26/1996		<del></del>	
	Place of Business	28. Mailing Address 26 /// 85 M	w 35-TH 5T	4. FEI Number 59-3363191		<u> </u>	oplied For
Sulte, Apt	88 N.W. 35' SI	26 /// 85 // Suite, Apt. #, etc.	15 51	37 326517	<del></del> -	· · · · · · · · · · · · · · · · · · ·	ot Applicable Additional
City & Sta	4-	27		5. Certificate of Status Desired		Fee Re	equired
23 COR	AL SPRINIGS FL	City & State  28 CORAL  Zip	SPRINGS F	Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
Zip 24 <b>330</b>	65   25   BROWAR	0 29 33065	BROWARK	Personal Property Tax due Jun	e 30. 🔲	Yes [	tangible No
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R		jent	
MCMANMUN, MART				V MCMANM			
	22 HIGHWAY 40 WEST		82 Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	ITE 1		83	2 /V W 25 / 14	5/		
UŲ	ALA FL 34482						
			84 City	PAC 5 PRINGS  pration submits this statement for the	FI		06.5
11. Pursuant office or agent. I a	to the provisions of Sections 607,0507 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	thorized by the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of c pot the appoi	hanging it intment as	ts registered registered
SIGNATURE	MARY MOMANIMA	ON MARY Mc 1	Janmon	9-6	199	アフ	
<del></del>	MARY MCMAN M Signature, Riped or printed name of registered ager	t and time it appreatile. (NOTE:	Registered Agent signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	<del></del>		
TITLE	PRESIDENT	DELETE	1.1 TH E		L	Change	Addition
NAME	MARY MC MAN	-1-014	1.2 N ME				
STREET ADDRESS	1888 110 33	5122220	1.3 SHEET ADDRESS				
CITY-ST-ZIP TITLE	CORAL SPRING SEC TREASURE SAMES L. MCM. HIBBNW35THS	SPLSSOGS Therete	1.4 C '-ST-ZIP 2.1 T E		<b>r</b>	Change	Addition
NAME	SEE TREMSORE	AUADAL	2.21 E		_	onango	[] Madillipii
STREET ADDRESS	LI IOO ALL SETHS	ry for for q T	2.31 E1 ADDRESS				
C/TY-ST-ZIP	CORAL SPRINGS	El 33065	2.4 Y- \$T-ZIP				
TITLE	DUNNE STANIAG	DELETE	3.1			Change	Addition
NAME		<del>_</del>	32		_	- •	<del></del> -
STREET ADDRESS	1		3.2 T ADDRESS				•
CITY-ST-ZIP			3. ST-ZIP				
TITLE		☐ DELETE	4.			Change	L Addition
NAME	†		4. 2 AE				
STREET ADDRESS			4.3 S REET 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				
AITY OF BIR	Ĩ		0.0000 07.700				

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.

ARY MCM ANMON, May Mc Manmon 9-6-9-9-