

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

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Feb 04 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 # P96000022106 (4)

1. Corporation Name
ALL FLORIDA COURIER SERVICE, INC.



Principal Place of Business 1919 BEACHWAY ROAD #5C & 5D JACKSONVILLE FL 32207	Mailing Address 1919 BEACHWAY ROAD #5C & 5D JACKSONVILLE FL 32207-2365
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2. Principal Place of Business 21 Merchandise Sens Unlimited Suite, Apt #, etc. 2050 116 ART MUSEUM DR City & State Jacksonville FL Zip 32207 Country		2a. Mailing Address 26 Merchandise Sens Unlimited Suite, Apt #, etc. PO Box 5237 City & State Jacksonville FL Zip 32247 Country		3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
4. FEI Number 59-3328607		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent **5237**
STRICKLAND, JAMES A
1919 BEACHWAY ROAD #5C & 5D
JACKSONVILLE FL 32207

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.001 and 607.0508, 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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	STRICKLAND JAMES A
NAME	STRICKLAND, JAMES A	1.2 NAME	STRICKLAND JAMES A
STREET ADDRESS	1919 BEACHWAY ROAD #5C & 5D	1.3 STREET ADDRESS	2050 ART MUSEUM DR #116
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JAX. FL 32207
TITLE	D	2.1 TITLE	STRICKLAND JAMES A
NAME	STRICKLAND, JAMES A	2.2 NAME	STRICKLAND JAMES A
STREET ADDRESS	1919 BEACHWAY ROAD #5C & 5D	2.3 STREET ADDRESS	2050 ART MUSEUM DR #116
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	JAX. FL 32207
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 supplementary 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 or is being added, or on an attached form, with an address.

SIGNATURE:  DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)