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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600039095 (0)

ANDERSON EXPRESS SERVICES, INC.

Principal Place of Business Mailing Address 6569 PEMBROKE ROAD 6569 PEMBROKE ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0732685 21 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current pear Intangible Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, L.C. 6569 PEMBROKE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 1.1 Title TITLE ANDERSON, L C NAME 1.2 NAME **6569 PEMBROKE ROAD** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition 21 TITLE TITLE ANDERSON, VENITA 2.2 NAME **6569 PEMBROKE ROAD** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33023 2. 4 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 3.1 TIRE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **5 3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME

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 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

11/00 ,000

FILED

May 27 1998 8:00am

Secretary of State