

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

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043333 (9)

1. Corporation Name
ZIP COURIER SYSTEMS, INC.



Principal Place of Business
6251 NW 44TH STREET
CORAL SPRINGS FL 33067

Mailing Address
6251 NW 44TH STREET
CORAL SPRINGS FL 33067-3132

3. Date Incorporated or Qualified
05/14/1996

3a. Date of Last Report

4. FEI Number
65-0681750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 4024 N. 29th Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 4024 N. 29th Ave
Suite, Apt. #, etc.

22 City & State
23 Hollywood FL
24 Zip 33020 25 Country USA

27 City & State
28 Hollywood FL
29 Zip 33020 30 Country USA

9. Name and Address of Current Registered Agent

MION, ROBERT
6251 NW 44TH STREET
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name Robert Mion
82 Street Address (P.O. Box Number is Not Acceptable)
83 6251 NW 44th St
84 City Coral Springs FL 85 Zip Code 33067

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

Signature typed in print of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
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<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
1.1 PRESIDENT	1.2 ROBERT MION	1.3 4024 N. 29th AVE	1.4 HOLLYWOOD, FL. 33020
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 person 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Mion, Pres.

Date

Daytime Phone

2/10/97 954-927-0722

CR2E034 (9/96)