SCOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

07-12-1999 90005 001 **-150.00
SECRETARY OF P96000043333
VISION OF CORPORATIONS
99 JUL 23 AM 8:18

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000043333**
Corporation Name
ZIP COURIER SYSTEMS, INC.

Principal Place of Business	Mailing Address
N 29 AVE LLYWOOD FL 33020	4024 N 29 AVE HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3812 N. 29TH AVE	2a. Mailing Address 26 3812 N. 29TH AVE	3. Date Incorporated or Qualified 05/14/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0681750 ☐ Applied For ☐ Not Applicable
City & State HOLLYWOOD FL	City & State 28 HOLLYWOOD, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33020 Country 25 USA	Zip 29 33020 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MION, ROBERT
5357 NW 58 TERR
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
ME	MION, ROBERT	1.2 NAME	
EET ADDRESS	4024 N 29 AVE	1.3 STREET ADDRESS	3812 N. 29TH AVE
-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
E	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME		2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
-ST-ZIP		2.4 CITY-ST-ZIP	
E	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
-ST-ZIP		3.4 CITY-ST-ZIP	
E	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		6.4 CITY-ST-ZIP	

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****400.00 ****400.00

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED Robert Mion 7/6/99 9545270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #