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

22

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000046568 (7) DOCUMENT #

1. Corporation Name

CONTACT EXPRESS, INC.

Principal Place of Business	Mailing Address	
3800 E. COLONIAL DR. ORLANDO FL 32903	3800 E. COLONIAL DR. ORLANDO FL 32803	
2. Principal Place of Business	2a. Mailing Address	
Suite And High	26 Syllo Act # oto	

27

City & State

FILED Sep 09 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3a. Date of Last Report

Applied For Not Applicable \$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

5. Certificate of Status Desired

<u>06/03/1996</u>

\$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country 8. This corporation owes or has paid the current year Intangible **⊠** No 24 30 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 61 Name WHELAN, PATRICK 3800 E. COLONIAL DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City 85 Zip Code 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition WHELAN, PATRICK NAME 1.2 NAME 3800 E. COLONIAL DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 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 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 6.4 C(TY - ST - Z(P 14. Ido 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 receiper 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 aparchment with an address