

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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000056675 (7)**

1. Corporation Name  
**POSTAL WAREHOUSE INC.**



Principal Place of Business <b>4450 NE 143TH AVENUE FT. LAUDERDALE FL 33334 NE 13th AVE</b>	Mailing Address <b>4450 NE 113TH AVENUE FT. LAUDERDALE FL 33334 NE 13th AVE</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1996**

2. Principal Place of Business 21. <b>1511 E Commercial Blvd</b> Suite, Apt. #, etc. <b>1</b> 22. City & State <b>FT LAUDERDALE FL</b> 23. Zip <b>33334</b> 24. Country <b>USA</b>	2a. Mailing Address 26. <b>1511 E Commercial Blvd</b> Suite, Apt. #, etc. <b>1</b> 27. City & State <b>FT LAUDERDALE</b> 28. Zip <b>33334</b> 29. Country <b>USA</b>
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4. FEI Number

**NOT APPLICABLE**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

**Y**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**POLLARI, RICHARD  
4450 NE 13TH AVE  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81. Name <b>POLLARI RICHARD</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>1511 E. Commercial Blvd</b>
83. Suite <b>SUITE 1</b>	84. City <b>FT LAUDERDALE</b>
85. Zip Code <b>33334</b>	86. State <b>FL</b>

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 **Rich Pollari**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**1-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CULLINANE, BARBARA</b>	1.2 NAME	<b>RICHARD POLLARI</b>
STREET ADDRESS	<b>4644 BOUGANVILLE DR</b>	1.3 STREET ADDRESS	<b>1511 E. Commercial Blvd Ste 1</b>
CITY-ST-ZIP	<b>LAUDERDALE BY THE SEA FL</b>	1.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b>
NAME	<b>POLLARI, CINDY</b>	2.2 NAME	<b>STEVE ROBERTS</b>
STREET ADDRESS	<b>4450 NE 13TH AVE</b>	2.3 STREET ADDRESS	<b>1511 E. Commercial Blvd #1</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Rich Pollari**  
Signature, typed or printed name of signing officer or director

**1-19-98 954351 9999**

CR2E034 (10/97)