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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064462 (0)

| INTERN | ATIONAL COURIER & PROC | CESS SERVICE, INC. | | | |
|---|---|---|----------------------------------|--|--|
| 2455 E SUNRISE BLVD 2455 E PENTHOUSE WEST PENTH | | Mailing Address 2455 E SUNRISE BLVD PENTHOUSE WEST FORT LAUDERDALE FL 33 | 3304-3118 | | //D 81/24 81811 97978 81()# 1487 4881 |
| | | | | 08/01/1996 | 3a. Date of Last Report N/A |
| · · | lace of Business | 2a. Mailing Address | | 4. FEt Number | X Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| 22 | | 27 | | 5. Certificate of Status Desired | 38.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | |
| Zip | Country | Zip | Country | 8. This corporation has liability for inta | ······································ |
| 24 | 25 | 29 | 30 | | os 🕅 No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Regis | tered Agent |
| | SKEY, J. DAVID JR | | 81 Name | | |
| 2455 E SUNRISE BLVD | | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | ************ |
| | ATHOUSE WEST | | | | |
| (FOF | RT LAUDERDALE FL 33304 | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above | | | | orporation submits this statement for the purp | |
| 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 and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 412 | sa 197 |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if an Vicable. (NOT | t: Registered Agent signature re | quired when reinstating) | DATE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICER | |
| TITLE | PD CHICKEY & DAVID OD | ☐ DELETE | 1171116 | | Change Addition |
| NAME | HUSKEY, J. DAVID SR | IOHOE WEST | 1.2 NAME | | f |
| STREET ADDRESS | 2455 E SUNRISE BLVD PENTI | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | | 1.4 CITY - \$1 - ZIP | | |
| TITLE | VO | DELETE | 2.1 117LE | | Change Addition |
| NAME | HUSKEY, MARTHA J | United West | 2.2 NAME | | Į. |
| STREET ADDRESS | 2455 E SUNRISE BLVD PENTI FORT LAUDERDALE FL 33304 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-2IP | | |
| TITLE | STD Huskey, J. David Jr | DELETE: | 3.1 TITLE | | L. Change L. Addition |
| NAME | 2455 E SUNRISE BLVD PENT | HOHEE WEST | 3.2 NAME | | |
| STREET ADDRESS | FORT LAUDERDALE FL 33304 | | 3.3 Bireet Address | | |
| CITY-ST-ZIP TITLE | TOTT BADDLIBACE TE GOOD | DELETE | 3.4. CHY-ST-ZIP | | Change Addition |
| NAME | | | 4. 2 NAME | | ELI Olibrigo ELI Rabillotti |
| STREET ADDRESS | · | | 4.3 STREET ADDRESS | | • |
| CITY-ST-ZIP | · | | 4.4 CITY-ST-ZIP | - | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 \$TREET ADORESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-7IP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | , | |
| CITY OT TIO | | | CADIN DI TID | | , |

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. If 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 maddress.

April 29, 1997

(954) 5.66-7077

FILED

May 08 1997 8:00am

Secretary of State