

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # *P96000077534*

1. Corporation Name

TODAY'S COURRIER INC

Principal Place of Business

Mailing Address

*2212 S. CHICKASAW TRAIL
SUITE 305 Orlando
FLA. 32825*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-25-96

4. FEI Number

59-3401261

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

2. Principal Place of Business

2212 S. Chickasaw Tr.

2a. Mailing Address

Same

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

City & State

Orlando FLA.

City & State

Zip

32825

Country

Zip

32825

Country

USA

9. Name and Address of Current Registered Agent

*EZEQUIEL N. Columbie
5852 Sundown cr.
Orlando FL 32822.*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Ezequiel N. Columbie

(NOTE: Registered Agent's signature required when reinstating)

9-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE
NAME *EZEQUIEL N. Columbie*
STREET ADDRESS *5852 Sundown cr. apt 817*
CITY- ST- ZIP *Orlando FL 32822*

TITLE *Vice-President* ☐ DELETE
NAME *Rendy Sanchez*
STREET ADDRESS *5852 Sundown cr. apt 817*
CITY- ST- ZIP *Orlando FL 32822*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME *500002646125*
1.3 STREET ADDRESS *-09/22/98--01051--005*
1.4 CITY- ST- ZIP ****150.00*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.3 STREET ADDRESS
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)(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:

Ezequiel N. Columbie

9-8-98

(407) 719-9785

CR2E034 (5/98)