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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080057 (8)

D & D MAILBOX COMPANY, INC.

FILED May 12 1998 8:00am Secretary of State

					1844
Principal Place	of Business	Mailing Address		I PROLIDEN ILA NOTA SITU EDITI ODITI DOLLI DOLLI	L IALIA BAIN BAIN BAIL YOU DOOL
721 NORTH PINE ISLAND ROAD #112 721 NORTH PINE ISLAND			ROAD #112	1	
PLANTATION FL 33324 PLANTATION FL 33324				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
				09/20/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 244	Vista Luna Drix		a Luna Dr	65-0702405	Not Applicable
Suite, Apt. I	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Qity & State			Fee Required
23 Davi	_	Davie F	<u>ر</u>	B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 333		29 33325 3	0]	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent
	is, karen		81 Name		
	NORTH PINE ISLAND ROAD #1	112	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83	4 VISTA Luna Dr	ive
			63		
			84 City	avie !	L 85 Zip Code 333325
11. Pursuant k	the provisions of Sactions 607 050	2 and 607 1508. Florida Statutes		·	
11. Pursuant to the provisions of Socions 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 5	Signatura, typed or printed name of registered ages	nt and tille if applicable (NOTE F	Registered Agent signature requir	red when reinstating) DA	TÉ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1,1 TITLE		Change
NAME	DAVIS, KAREN	AD #110	1.2 NAME	and water a second	
STREET ADDRESS	721 NORTH PINE ISLAND RO PLANTATION FL 33324	AU #112	1.3 STREET ADDRESS 0	144 Vista Luna Dri Davie FL 33325	re
CITY-ST-ZIP TITLE	PLANTATION PL 33324	DELETE	1.4 CITY-ST-ZIP	JAVIE PC 33525	Change Addition
NAME			2.2 NAME		Change Routron
STREET ADDRESS			2.3 STREET ADDRESS	**	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME		i	3.2 NAME		Į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP		Charge El Oddition
TITLE		☐ DELETE	5.1 TIFLE		Change
NAME CONCET ADDOCCC			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CHY-SI-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	artify that the information supplied wi	th this filma does not qualify for t		Section 119 07/3/ii) Florida Statutes I furthe	r certify that the information

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 informatio indicated on this annual report or suppliemental 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:

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-27-98

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