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

PROFIT CORPORATION ANNUAL REPORT 1998

Secretary of State

DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Sandra B. Mortham Secretary of State

DOCUMENT # P9600081202 (9) 1. Corporation Name ON TIME, INC.					
Principal Place of Business Mailing Address				T LOCKIED! TID IDITE DITE OFFICE DELLE OF LE	IBAET DIRAR TURUT GREUE DIRE ERRE
POST OFFICE BOX 5082 POST OFFICE BOX 5082 FORT LAUDERDALE FL 33310 FORT LAUDERDALE FL 3					
TONI DIODE	HDALL IL GOVIO	TONT ENODERDREET	L 65510	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 10/01/1996	ļ
2. Principal Place of Business 2a. Mailing Address		····	4. FEI Number	Applied For	
21 26				65-0720801	Not Applicable
Suite, Apt.	Suite, Apt. #, etc Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Ci		City & State	70.00	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zıp 29	Country 30	This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Registers	
	IE MREJEN PA		81 Name		
701 WEST CYPRESS CREEK ROAD STE 302			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33309			83		
			84 City		85 Zip Code
				F	
11. Pursuant to office or reasont. La	to the provisions of Soctions 607 05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Sta of Florida. Such change wa jations of, Section 607.0505,	tutes, the above-named corpora is authorized by the corpora Florida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Significantyped or printed hame of registered as	ent and title if applicable (N	OSOZAV IOTE: Registered Agent signature requ	ulred when reinstating) DATE	<u> </u>
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS Dahaman, Elana	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	12801 W SUNRISE BLVD., #943		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 City-St-zip		
TITLE		☐ DELETE	31 TMLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY+ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
name Street address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , , 	DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes I further	certify that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informatic 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.