## 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 #
1. Corporation Name P96000094929 (2)

AMT COURIER SERVICES, INC.

## **FILED** Apr 06 1998 8:00am Secretary of State



| Principal Plac                     | e of Business  | Mailing Address                     |                    |   |  |                 | ,2,2,2,2,1,00             |
|------------------------------------|--|-------------------------------------|--------------------|---|--|-----------------|---------------------------|
| 800 ANSIN BLVD. 2707 THOMAS STREET |  |                                     |                    |   |  |                 |                           |
| HALLANDALE                         | : FL   | HOLLYWOOD FL 33020                  |                    |   | DO NOT WRITE IN THIS                                       | CDACE           |                           |
|                                    |  |                                     |                    |   | 3. Date Incorporated or Qualified                          |                 |                           |
| 1                                  |  |                                     |                    |   | 11/20/1996   |                 |                           |
| 2. Principal P                     | Place of Business  | 2a. Mailing Address                 | -                  |   | 4. FEI Number 65-07094                                     | 701             | anning For                |
|                                    | 7 Thomas St.   | 26                                  |                    |   | APPLIED FOR  | <del>- +</del>  | Applied For               |
|                                    | Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                     |                    |   |  |                 | Not Applicable Additional |
| 22                                 |  | 27                                  |                    |   | 5. Certificate of Status Desired                           |                 | Required                  |
| City & Stat                        | e  | City & State                        |                    |   | 6. Election Campaign Financing                             |                 | ) May Be                  |
| 23 Hol                             | Hollywood, FL 28   |                                     |                    |   | Trust Fund Contribution                                    |                 | May Be                    |
| Zip                                | Zip Country Zip  |                                     | Country            |   | 8. This corporation owes or has paid the cu                |                 |                           |
| 24 3302                            | 20 25 USA  | 29                                  | 30                 |   |  | ·               | □ No                      |
|                                    | 9. Name and Address of Curren  | t Registered Agent                  |                    |   | 10. Name and Address of New Registered                     | Agent           |                           |
| PA                                 | INTOS, JIMMY   |                                     | 81                 | Name  |  |                 |                           |
| 2707 THOMAS STREET                 |  |                                     |                    | Street Address (P.O. Box Number is Not Acceptable)    |  |                 |                           |
| HOLLYWOOD FL 33020                 |  |                                     |                    | 12 Street Address (P.O. Box Number is Not Acceptable) |  |                 |                           |
|                                    |  |                                     | 83                 | · · · · · · · · · · · · · · · · · · ·                 |  |                 |                           |
|                                    |  |                                     |                    | ·   |  | 11              |                           |
|                                    |  |                                     | 84                 | City  | FL   | 85 Zip          | Code                      |
| 11. Pursuant                       | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statu       | tes, the above     | e-named cor   | rooration submits this statement for the purpose of        | f changing      | its registered            |
| <ol> <li>Office or r</li> </ol>    | egi <b>ste</b> red agent, or both, in the State<br>im <b>fa</b> miliar with, and accept the obliga | of Etorida, Such change was         | authorized by      | the corpora   | ation's board of directors. I hereby accept the app        | pointment a     | s registered              |
| i '                                | in terminal with, and accopy the oblige  | 1110113 01, 00011011 001 10000, 111 | orda olaldio       |   |  |                 |                           |
| SIGNATURE                          | Signature, lyped or printed name of registered age   | nt and title if applicable (NO)     | TE: Registered Age | ent signature requ                                    | uired when reinstating) DATE                               | · <b>-</b>      | l,                        |
| 12,                                | OFFICERS AND   | DIRECTORS                           | 13.                |   | ADDITIONS/CHANGES TO OFFICERS AN                           | DIRECTO         | RS IN 12                  |
| TITLE                              | PD   | ☐ DELETE                            | 1.4 TITLE          |   |  | Change          | Addition                  |
| NAME                               | PANTOS, ANARGYROS  |                                     | 1.2 NAME           |   |  |                 | 15                        |
| STREET ADDRESS                     | 600 Ansin Blvd.  |                                     | 1.3 STREET         | ADDRESS   |  |                 | }                         |
| CITY-ST-ZIP                        | HALLANDALE FL  |                                     | 1.4 CITY - S       | T-ZIP   |  |                 | [3                        |
| TITLE                              | VPD  | ☐ DELETE                            | 2.1 TITLE          |   |  | Change          | Addition C                |
| NAME                               | PANTOS, MARTHA   |                                     | 2.2 NAME           |   |  |                 |                           |
| STREET ADDRESS                     | 600 Ansin BLVD.  |                                     | 2.3 STREET         | ADDRESS   |  |                 |                           |
| CITY-ST-ZIP                        | HALLANDALE FL  |                                     | 2. 4 CITY - 5      | ST-ZIP  |  |                 |                           |
| TITLE                              | 10   | ☐ DELETE                            | 3.1 TITLE          |   |  | Change          | Addition                  |
| NAME                               | PANTOS, JIMMY  |                                     | 3.2 NAME           |   |  |                 |                           |
| STREET ADDRESS                     | 2707 THOMAS STREET   |                                     | 3.3 STREET         | ADDRESS   |  |                 |                           |
| CITY-ST-ZIP                        | HOLLYWOOD FL 33020   |                                     | 3.4. CITY- 9       | ST - ZIP  |  |                 |                           |
| TITLE                              |  | DELETE                              | 4.1 TITLE          |   |  | Change          | Addition                  |
| NAME                               |  |                                     | 4. 2 NAME          |   |  |                 |                           |
| STREET ADDRESS                     |  |                                     | 4 3 STREET         | ADDRESS   |  |                 |                           |
| CITY-ST-ZIP                        |  |                                     | 4.4 CITY-S         | T-ZIP   |  |                 |                           |
| TITLÉ                              |  | DELETE                              | 5.1 TITLE          |   |  | ☐ Change        | Addition                  |
| NAME                               |  |                                     | 5.2 NAME           |   |  |                 | 1                         |
| STREET ADDRESS                     |  |                                     | 5.3 STREET         | ADDRESS   |  |                 |                           |
| City-St-ZIP                        |  |                                     | 5.4 CITY - S       |   |  |                 |                           |
| TITLE                              |  | ☐ DELETE                            | 6.1 TITLE          |   |  | ☐ Change        | Addition                  |
| NAME                               |  |                                     | 6.2 NAME           |   |  |                 |                           |
| STREET ADDRESS                     |  |                                     | 6.3 STREET         | ADDRESS   |  |                 |                           |
| CITY-ST-ZIP                        |  |                                     | 6.4 CITY-S         | - 1   |  |                 | -                         |
|                                    | adds that the information cumplied wi  | th this filing does not qualify f   |                    |   | Section 110 07/2\(\text{i}\) Flatida Statutas I further or | etific that the | o 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.