Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90208 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000104004

1. Corporation Name

A.M.I. DELIVERY SERVICE, INC.

Principal Place	e of Business	Mailing Address							
4631 NW 31ST	AVE	4631 NW 31ST AVE	Ē						
SUITE 233		SUITE 233				DO NOT WRITE IN THIS SPACE			
FORT LAUDERDALE FL 33309		FORT LAUDERDALE	FORT LAUDERDALE FL 33309			3. Date Incorporated or Qualifed			
	•					12/27/1996			
2. Principal Pl	lace of Business	2a. Mailing Addres	SS			4. FEI Number		A	pplied For
21		26				65-0763800		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certifcate of Status Desired		7	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & Stat	le	City & State		=	1	6. Election Campaign Financing		•	May Be
23	t gar was gray to the control	28				Trust Fund Contribution			to Fees
Zip	Country	Zip		ountry		8. This corporation owes the curre	-	gible TYes	□No {
24	25	29	30	т —	1	Personal Property Tax. O. Name and Address of New R			140
	9. Name and Address of Cu	irrent Registered Agent		81	Name	U. Name and Address of New N	registered A	Jeni	
BOG	DAN, JOSEPH H								
4631 NW 31ST AVE #233			82 Stree		Street Address	(P.O. Box Number is Not Accepta	ble)		İ
	T LAUDERDALE FL 33309			83	·				
]							_		
				84 1	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607	0502 and 607.1508. Florida	a Statutes, the	above-n	named corporat	tion submits this statement for the	purpose of cl	nanging it	s registered
office or r	registered agent or both in the S	itate of Florida. Such change	e was authorize	ed by the	e corporation's	board of directors. I hereby accep	the appoint	ment as re	egistered
agent. I a	m familiar with, and accept the ol	bligations of, Section 607.00	ooo, Fibrida Sia	alules.					
SIGNATURE									}
	Signature, based or printed name of registere	ed agent and title if apolicable.	(NOTE: Register	ed Agent si	ignature required who	en reinstating)	DATE		
12.	Signature, typed or printed name of registere OFFICERS	sd agent and title if applicable. S AND DIRECTORS	(NOTE: Register		ignature required who	en reinstating) ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
12.			13		ignature required who		FICERS AND	DIRECT	ORS IN 12
-		S AND DIRECTORS	13 LETE 1.1	3.	ignature required who		FICERS AND		
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)