


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

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Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005179 (1)**

1. Corporation Name

**KMT MAIL SERVICES, INC.**

Principal Place of Business

**14127 EQUESTRIAN WAY  
WEST PALM BEACH FL 33414**

Mailing Address

**14127 EQUESTRIAN WAY  
WEST PALM BEACH FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>103 S. US Highway 1, F5</b>		26 <b>14684 Stirrup Lane</b>		01/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0724426	
City & State		City & State		Applied For	
23 <b>Jupiter, FL 33477</b>		28 <b>West Palm Beach, FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 <b>33477</b>		29 <b>33414</b>		30 <b>Palm Beach</b>	
Country		Country		31 <b>\$8.75 Additional Fee Required</b>	
25 <b>Palm Beach</b>		30 <b>Palm Beach</b>		32 <b>\$5.00 May Be Added to Fees</b>	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		33 <b>Yes</b> <input type="checkbox"/> No	
81 <b>HOFFMAN, STEPHEN V</b>		81 <b>Hoffman, Stephen V.</b>		34 <b>Yes</b> <input type="checkbox"/> No	
82 <b>14127 EQUESTRIAN WAY</b>		82 <b>14684 Stirrup Lane</b>		35 <b>Yes</b> <input type="checkbox"/> No	
83 <b>WEST PALM BEACH FL 33414</b>		83		36 <b>Yes</b> <input type="checkbox"/> No	
84 <b>West Palm Beach</b>		84 <b>West Palm Beach</b>		37 <b>Yes</b> <input type="checkbox"/> No	
85 <b>FL</b>		85 <b>FL</b>		38 <b>Yes</b> <input type="checkbox"/> No	
86 <b>33414</b>		86 <b>33414</b>		39 <b>Yes</b> <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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: **K. M. M. VP**

**3/1/98** **561-575-1100**

CR2E034 (10/97)