

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000010658 (7)

1. Corporation Name

COMMERCIAL COURIER SYSTEMS, INC.



Principal Place of Business

Mailing Address

639 E OCEAN AVE  
SUITE 402  
BOYNTON BEACH FL 33435

639 E OCEAN AVE  
SUITE 402  
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2340 Coolidge Ave

2a. Mailing Address

26 2340 Coolidge Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

27

City & State

28 Orlando, FL

Zip

Country

24 32804

25 Orange

Zip

Country

29 32804

30 Orange

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

65-0744566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOLLEY, THOMAS J  
639 E OCEAN AVE  
SUITE 402  
BOYNTON BEACH FL 33435

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*R. S. Brunos* PRESIDENT. WOOLLEY, THOMAS J REG. AGT 4/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
NAME BRUNOS, PATISTE G  
STREET ADDRESS 639 E OCEAN AVE SUITE 402  
CITY-ST-ZIP BOYNTON BEACH FL 33435

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D BRUNOS, PATISTE G ☒ Change ☐ Addition

2340 Coolidge Ave

ORLANDO, FL 32804

TITLE ☐ DELETE

D  
NAME COSTIGAN, JOSEPH F  
STREET ADDRESS 639 E OCEAN AVE SUITE 402  
CITY-ST-ZIP BOYNTON BEACH FL 33435

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D COSTIGAN, JOSEPH F ☒ Change ☐ Addition

2340 Coolidge Ave

ORLANDO, FL 32804

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 *R. S. Brunos* PATISTE G. BRUNOS 4/12/98 407 994-7600

CR2E034 (10/97)