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

Mailing Address

SUITE 100

6202 BANJAMIN ROAD

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

6202 BANJAMIN ROAD

SUITE 100

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ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000016074 (1)

PROMOTIONAL DELIVERY SERVICE. INC.

TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3430073 Not Applicable 21 26 Suite Apt # etc. Suite Ant # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALLWEISS, MICHAEL D ESQ. 111 2ND AVENUE N.E. Street Address (P.O. Box Number is Not Acceptable) SUITE 620 ST PETERSBURG FL 33701 84 City 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, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition Chairman Peter J. Porcelli, Jr. 1 1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 6202 Benjamin Rd. CITY - ST - ZIP 1.4 CITY - ST - ZIP Tampa, PL 33634 DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 31 TITLE Addition TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 steed 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 furstee 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:

### 4/4/98 ### 8/13-887-1800

**FILED** 

May 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE