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PROFIT '
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000018932 (8)

LEGAL COURIER SERVICE, INC.

Principal Place of Business

Mailing Address

FILED
May 08 1998 8:00am
Secretary of State



333 SOUTH ORANGE AVE #229 333 SOUTH ORANGE AVE #229 ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3442459 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 WABON, Tone 333 SOUTH ORANGE AVE #229 82 ORLANDO FL 32808 ORDING AUG 83 84 Zip Code <u>Beyou</u> 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE WATSON, TONY NAME 1.2 NAME not, was an 333 SOUTH ORANGE AVE #229 STREET ADDRESS 1.3 STREET ADDRESS 3383 S. OKAN **Ö**RLANDO FL 32806 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE **OHIMELIS, KATINA** 2.2 NAME chimelis, Katina 3333 S. Orange Ave # 229 333 SOUTH ORANGE AVE #229 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32806 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 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 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.

1/27/1990

0-17/06