

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

FILED
May 21 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 # P97000030824 (1)

1. Corporation Name

EXPRESS DIVERSIFIED SERVICES, INC.



Principal Place of Business

Mailing Address

~~430 FORESTWAY CIRCLE
SUITE 107~~

~~430 FORESTWAY CIRCLE
SUITE 107~~

~~ALTAMONTE SPRINGS FL 32701~~

~~ALTAMONTE SPRINGS FL 32701~~

306 SABAL PARK PL #102
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-3436526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2. Principal Place of Business

21 306 SABAL PARK PL

Suite, Apt. #, etc.

22 102

City & State

23 LONGWOOD, FL

Zip

24 32779

Country

25 Seminole

2a. Mailing Address

26 306 SABAL PARK PL

Suite, Apt. #, etc.

27 102

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 Seminole

9. Name and Address of Current Registered Agent

GREEN, CATHERINE E ESQUIRE
159 LOOKOUT PLACE
SUITE 101
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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

Signature of registered agent required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SHERR, SHELDON M

400 FORESTWAY CIRCLE #107

ALTAMONTE SPRINGS FL 32701

SHER430 327012082 1897 20 01/06/98
NOTIFY SENDER OF NEW ADDRESS
SHERR, SHELDON M
306 SABAL PARK PL APT 102
LONGWOOD FL 32779-6068

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

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SIGNATURE

Signature of registered agent

5-10-98 407
\$29500

CR2E034 (10/97)