

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051026 (7)

1. Corporation Name

MAIL MANAGEMENT #2, INC.

Principal Place of Business

Mailing Address

~~970 OLD OAK COURT  
WELLINGTON FL 33414~~

~~970 OLD OAK COURT  
WELLINGTON FL 33414~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

21 6901 W. OKEECHOBEE BLVD

2a. Mailing Address

26 6901 W. OKEECHOBEE BLVD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

22 D-5

Suite, Apt. #, etc.

27 D-5

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33411

Country

25 U.S.A

Zip

29 33411

Country

30 U.S.A

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

9. Name and Address of Current Registered Agent

~~DIMINO, LAURENCE M  
970 OLD OAK COURT  
WELLINGTON FL 33414~~

10. Name and Address of New Registered Agent

81 Name

Paul Krasker Esq

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

625 N. Flagler Drive, 9th FL

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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

*Paul Krasker, Esq.*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/98

12. OFFICERS AND DIRECTORS

TITLE PRES. ☒ DELETE  
NAME LAWRENCE M. Dimino  
STREET ADDRESS 970 OAK COURT  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME RANA A. GROSSMAN  
1.3 STREET ADDRESS 6045 HOLLYWOOD STREET  
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
2.2 NAME JEFFREY ALVAREZ  
2.3 STREET ADDRESS 2029 PETERWARD CIRCLE  
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Paul Krasker, Esq.* President/owner

4/6/98 (301) 684-9090

CR2E034 (10/97)