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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700065731

1. Corpc ration Name

PAK MAIL CENTER OF BOYNTON BEACH, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90100 030 ***150.00



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Principal Place of Business		Mailing	Address				Į								
3452 W BOYNTON BCH BLVD	STE 10		BOYNTON BCF: (10		1								
BOYNTON BCH FL 33436	BOYNTON BCH FL 33436				İ			DO NOT	י אירוידר י	N 1 LUC	CDAC				
					<u> </u>	DO NOT WRITE IN 1 HIS SPACE 3. Date Incorporated or Qualified									
							3.		incorporati 18/1997	ea or wa	mea				
2. Principal Place of Busines		2a. Mail	ing Address				4.	<u>_</u> -	umber					A	plied For
			26					65-0	770592				t		t Applicable
Suite, Apt. #, etc.	1471011	1 - 1	e, Apt. #, etc.		_								\$8	==	Additional
22		27					5.	Certi	cate of Sta	tus Desir	ed [] 			equired
City & State	_	City	& State				6.	Elect	on Campa	ign Finan	icing _	٦.	\$!	5.00	May Be
23 WELL-INGTON,	FL	28						Trust	Fund Cont	tribution			A	dded	to Fees
Zip	Country	Zip		Cou	intry		8.	This	corporation	owes the	a current	year Inta	angible	•	
24 32 4/4 2	5	29		30				Pers	nal Proper	ty Tax.			X Ye	S	□No
9. Name a	nd Address of Current F	Registered	Agent				10.	Nam	and Add	ress of N	Jew Regi	ste ed	Agent		
DEV DAVAGND	D 10				81	Name									
REX, RAYMOND	r jr In BCH BLVD STE 10.				82	Street /	ddress (P	P.O. Bo	x Number	is Not Ad	ceptable	<u> </u>			
BOYNTON BCH I					83										
					"										
					84	City						FL	85	Zip	Code
11. Pursuant to the provision	ns of Sections 607.0502 a	and 607.15	08. Florida Statu	ites, the a	bove	e-named c	orporation	n subn	its this sta	tement fo	r the puri		chang	ing its	registered
office or registered ager	t, or both, in the State of	Florida, Su	ch change was	authorized	i by	the corpo	ation's bo	oard of	directors.	l hereby	accept th	e at poir	ntment	as re	gistered
agent I am tamiliar with	, and accept the obligation	ns or, Sect	ion 607.0505, Fi	orida Stati	utes.	•									
SIGNATURE Signature bread or	printed r ame of registered age: t ar	nd title if applic	able /NOT	E: Registered	Agen	t signature re-	uired when o	einetabrir				DATE			
12.	OFFICERS AND			13.					ONS/CHA	NGES TO			ID DIR	ECTO	RS IN 12
TITLE DT			DELETE	1,1 TI	TLE				<u> </u>		9 411.20		C		Addition
NAME REX, RAYM	IOND R JR			1,2 N/											
, i	YNTON BCH BLVD S	TE 10		1		ADDRESS									
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POVNTON						ADDRESS									
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EDWARD A	ICCADE		□ PEFEI¢	3.1 TI		İ								ange	L Addition
NAME EDWARD N				3.2 N/											
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	BCH FL 33426				ITY-S	T-ZIP									
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NAME				4. 2 N	AME	ì									
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CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP									
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CITY-ST-ZIP					TY-ST	-ZIP									
TITLE	·		☐ DELETE	6.1 TT	ΓLE								☐ Ch	ange	Addition
NAME				6.2 NA	ME										
STREET ADDRESS				6.3 \$1	REET	ADDRESS									

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

56/7328872