**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

291176

Country

81 Name

30

1999

DOCUMENT # P98000007311

1. Corporation Name

R & D EXPRESS CORPORATION

Principal Place of Business

13802 CYPRESS WAY #3213 **TAMPA FL 33613** 

Suite, Apt. #, etc.

City & State

32-B AD+

Principal Place of Business 13802 Cypress Way

Mailing Address

2a. Mailing Address

City & State

33687

28 TAMPa

27

9. Name and Address of Current Registered Agent

P.O. BOX

Suite, Apt. #, etc.

13802 CYPRESS WAY #3213 TAMPA FL 33613

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90078 021 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

XNo

DO N	OT V	VRITE	IN TH	iis si	PACE

501802

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

01/23/1998

FEI Number

	VINO, DAISY J		82	Street Ac	ddress (P.O. Box Number is Not A	cceptable)	_	
13802 CYPRESS WAY #32B				Juour.				
TAM	PA FL 33613		83				•	
			84	City		FL	85 Zip C	ode
office or f	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of,	i. Such change was aut	honzed by	the corpora	orporation submits this statement for ation's board of directors. I hereby	or the purpose of accept the appoir	changing its r ntment as reg	egistered istered
SIGNATURE		ALOTE D			uired when reinstating)	DATE		<u> </u>
40	Signature, typed or printed name of registered agent and title if OFFICERS AND DIRECT		13.	in signature req	ADDITIONS/CHANGES T		D DIRECTO	RS IN 12
12.	PD OFFICERS ARE BINES						Change	☐ Addition
NAME	HOLVINO, DAISY J	_	1.2 NAME	`				]
ľ	13802 CYPRESS WAY #32B			T ADDRESS				\
STREET ADDRESS	TAMPA FL 33613		1.4 CITY-5					ì
CITY-ST-ZIP	1AMPA PL 33013	☐ DELETE	2.1 TITLE	51-2IF			Change	☐ Addition
			2.2 NAME					
NAME				TADDRESS				}
STREET ADDRESS			2. 4 CITY-					
CITY-ST-ZIP -	5_1	DELETE"	3.1 TITLE				Change	Addition _
		<u> </u>	3.2 NAME					
NAME				TADDRESS				1
STREET ADDRESS			3.4. CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	01-ZIF			Change	☐ Addition
NAME		;	4, 2 NAME			•		
				T ADDRESS				4
STREET ADDRESS			4.4 CITY-5					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-21			Change	Addition
NAME		-	5.2 NAME			•		
			5.3 STREE	T ADDRESS	·			1
STREET ADDRESS			5.4 CITY-1	ST-ZIP	•			
CITY-ST-ZIP		☐ DELETE:	6.1 TITLE			<del>-</del>	Change	Addition
NAME			6.2 NAME				_	- 1
-			6.3 STREE	T ADDRESS				
STREET ADDRESS			6.4 CITY-		•			İ
CITY-ST-ZIP	 certify that the information supplied with this fill	ng does not qualify for t	he exemp	tion stated i	in Section 119.07(3)(i), Florida Sta	tutes. I further cer	tify that the in	formation
indicated	on this annual report or supplemental annual director of the corporation or the receiver or tri or Block 13 if changed, or on an attachment w	eport is true and accura istee empowered to ex	ate and tha ecute this	at my signat report as re	ture snall have the same legal effet equired by Chapter 607, Florida Sta	ci as il made undi	er Daul, Maci	ani an