


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 033 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016926

1. Corporation Name

POSTAL CENTER PLUS, INC.

Principal Place of Business

**8209 NORTH PINE ISLAND ROAD
TAMARAC FL 33321**

Mailing Address

**8209 NORTH PINE ISLAND ROAD
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1998

4. FEI Number

65-0813269

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FUENTES, KIMBERLY A
820 N.W. 44TH AVENUE
COCONUT CREEK FL 33066**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FUENTES, ARMANDO**
STREET ADDRESS **820 N.W. 44TH AVENUE**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☐ DELETE
NAME **FUENTES, KIMBERLY A**
STREET ADDRESS **820 N.W. 44TH AVENUE**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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: **Kimberly Fuentes** **Kimberly Fuentes** **7/1/99** **954-726-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P98000016926
582947-90006-33

July 2, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

On June 30, 1999 we received a 1999 Profit Corp Annual Report Packet marked "2nd NOTICE". I immediately opened this packet since I had not seen it before. The packet states that we were being penalized \$400 for not filing our annual report by June 11, 1999. Since I had never received any notice prior to that date, I called your office to find out why we were not notified of this requirement prior to June 11. I was told to send a letter explaining that I had never received a 1st notice and send it along with a check for \$150 (without the penalty).

I apologize for any inconvenience this will cause, but we truly never received notification. As this is our first year in business, we were not familiar with the process. Otherwise, I would have been on the lookout for the bill.

We appreciate your help and courtesy with this matter and assure you that it will not happen again. If you need any additional information, please call me at 954-726-4001.

Thank you,



Kimberly Fuentes
President/Postal Center Plus