

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

99 NOV -5 AM 9:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 998000017559
 1. Corporation Name
Ship It Quick, Inc.

Principal Place of Business Mailing Address (same)
15617 Shoal Creek Pl.
Odessa, Florida 33556

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
Feb '98

2. Principal Place of Business 2a. Mailing Address
 21 5320 Little Rd 26 Same

4. FEI Number Applied For
59-3495613 Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State 28. City & State
New Port Richey FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country
34655 USA

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
Reta C. Koopmann
7636 Haig Court
New Port Richey, FL 34654

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<u>President</u>
1.3 STREET ADDRESS	<u>Reta C. Koopmann</u>
1.4 CITY-ST-ZIP	<u>7636 Haig Ct</u> <u>New Port Richey, FL 34654</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<u>300003049113--5</u>
3.3 STREET ADDRESS	<u>-11/19/99--01004--004</u>
3.4 CITY-ST-ZIP	<u>****175.00 ****175.00</u>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<u>KE</u>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 afforded by section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or statement of financial affairs or reports of assets and liabilities 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: Reta C. Koopmann Reta C. Koopmann 10/30/99 (727) 375-5881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

2

SHIP IT QUICK, INC.
5320 LITTLE ROAD

NEW PORT RICHEY, FL 34655

Request taken by: mmilligan
10-22-1999

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*Please waive penalty charges. I
did not receive either copy of
this mailing earlier this year.*

\$175.

*Thank you,
Reta Koopmann*