

COND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000056225**

Corporation Name

ACCESS MAILING SERVICES, INC.

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

07-08-1999 90033 027 ***550.00



Principal Place of Business

105 HALF MOON CIR #D2
HYPOLUXO FL 33462

Mailing Address

105 HALF MOON CIR #D2
HYPOLUXO FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

65-0847585

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

Principal Place of Business

124 ORION CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

124 ORION CIRCLE

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

JUPITER FL

Zip

33477

Country

USA

Zip

33477

Country

USA

9. Name and Address of Current Registered Agent

AMATO, ANGELA
105 HALF MOON CIR #D2
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

81 Name

AMATO, ANGELA

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

124 ORION CIRCLE

83

84 City

JUPITER

FL

85 Zip Code

33477

I. 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

OFFICERS AND DIRECTORS

1. NAME ☐ DELETE
AMATO, ANGELA
2. STREET ADDRESS
105 HALF MOON CIR #D2
3. CITY-STATE-ZIP
HYPOLUXO FL 33462

4. NAME ☐ DELETE
5. STREET ADDRESS
6. CITY-STATE-ZIP

7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY-STATE-ZIP

10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY-STATE-ZIP

16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

124 ORION CIRCLE
JUPITER, FL 33477

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:

ANGELA AMATO

7/2/99

561-748-1127

Date

Daytime Phone #

CR2E034 (5/99)