


**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90028 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000088545**

1. Corporation Name

**PARCELS TO GO, INC.**

Principal Place of Business

**5125 JOHN YOUNG PARKWAY**  
**PARKWAY PLAZA**  
**ORLANDO FL 32839**

Mailing Address

**5125 JOHN YOUNG PARKWAY**  
**PARKWAY PLAZA**  
**ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/15/1998**

4. FEI Number

**59-3538186**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be  
 Added to Fees

 8. This corporation owes the current year Intangible  
 Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 <b>5239 John Young Parkway</b>	26 <b>10051 Oaksid e court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Parkway Plaza</b>	27 <b>Parkway Plaza</b>
City & State	City & State
23 <b>Orlando</b>	28 <b>Orlando, FL</b>
Zip	Zip
24 <b>FL 32839</b>	29 <b>32836</b>
Country	Country
25 <b>U.S.A.</b>	30 <b>U.S.A.</b>
County	County
26 <b>Orange</b>	31 <b>Orange</b>

9. Name and Address of Current Registered Agent

**POOLE, WILLIAM F IV**  
**200 E. ROBINSON STREET**  
**#1180**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	<b>PATEL KANTIBHAI C</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>10051 Oaksid e ct.</b>
83 City	<b>Orlando</b>
84 State	<b>FL</b>
85 Zip Code	<b>32836</b>

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4.26.99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, KANTIBHAI C</b> <b>(KANTIBHAI)</b>	1.2 NAME	
STREET ADDRESS	<b>10051 OAKSIDE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

**4.5.99 1-407-8509600**

CORP 24 (11/98)