

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90202 010 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P98000099427**

1. Corporation Name

**KING COURIER ENTERPRISES INC.**

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>9406 N.W. 74TH STREET<br>TAMARAC FL 33321 | Mailing Address<br>9406 N.W. 74TH STREET<br>TAMARAC FL 33321 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                               |  |                                                                                    |  |                                                                                                                                                 |                             |                               |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 3. Date Incorporated or Qualified<br>11/30/1998                                                                                                 | 4. FEI Number<br>65-0877609 | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>    |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                               |
| 7. Additional Fee Required \$8.75                                                             |  | 9. May Be Added to Fees \$5.00                                                     |  |                                                                                                                                                 |                             |                               |

9. Name and Address of Current Registered Agent

CHAPMAN, JANICE E  
 9035 LAKE PARK CIRCLE S  
 DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name **KING MATTHEW T**  
 82 Street Address (P.O. Box Number Not Acceptable) **9406 NW 74th Street**  
 83  
 84 City **TAMARAC** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit 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

*Matthew King*

(NOTE: Registered Agent signature required when reconstituting)

4/20/99

| 12. OFFICERS AND DIRECTORS |                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | President <input type="checkbox"/> DELETE      | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTHEW T. King                                | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 9406 NW 74th Street                            | 13 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             | TAMARAC FL 33321                               | 14 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | VICE-PRESIDENT <input type="checkbox"/> DELETE | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CANDY CAINE-KING                               | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | 9406 NW 74th Street                            | 23 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             | TAMARAC FL 33321                               | 24 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                | 32 NAME                                               |                                                                   |
| STREET ADDRESS             |                                                | 33 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             |                                                | 34 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                                                | 43 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             |                                                | 44 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                                                | 53 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             |                                                | 54 CITY-STATE-ZIP                                     |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE                | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                                                | 63 STREET ADDRESS                                     |                                                                   |
| CITY-STATE-ZIP             |                                                | 64 CITY-STATE-ZIP                                     |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

*Matthew King*

4/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)