## ▼ FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$25509

(1)

QUALITY POSTAL CENTER, INC.

## FILED May 15 1997 8:00am Secretary of State

| Principal Place of Business 2442 N. Main Street Gainesville FL 32607  Amailing Address 2442 N. Main STreet Gainesville FL 32607  Gainesville FL 32607 |  |   |  |                          | 3. Date Incorporated or Qualified 7/15/1996  |                        |                              |
|---|--|---|--|--------------------------|--|------------------------|------------------------------|
| 2. Principal i  | Page of Business   | 2a. Mailing Address   |  |                          | 4. FEI Number  | L                      | Applied For                  |
|   |  | 26  |  |                          | 59-3043103   |                        | Not Applicabl                |
| Suita, Apt<br>D   | ! #. e³c   | Suite, Apt. #, etc.   |  |                          | 5. Certificate of Status Desired   |                        | 75 Additional<br>se Required |
| ]<br>City & Sta   | He:  | City & State  |  |                          | 6. Election Campaign Financing   | <del> </del>           | .00 May Be                   |
| 1   |  | 28  |  |                          | Trust Fund Contribution  |                        | ded to Fees                  |
| . <i>Z</i> ip   | Country  | Zip   | Coun   | try                      | 8. This corporation has liability for it   |                        | der s. 199.032,              |
| ]   | 25   | 29  | 30   |                          | Florida Statutes  10. Name and Address of New Reg  | Yes No                 |                              |
|   | 9. Name and Address of Curi                                | ent Hegistered Agent  |  | B1 Name                  | IV. Name and Address of New Ne   | Jistered Agent         |                              |
|   | , Robert   |   |  |                          | (D.O. Da. N. anharia Nati  | 1-1                    |                              |
|   | NW 7th Drive   |   | {  | 32 Street Addre          | ss (P.O. Box Number is Not Acceptab  | ie)                    |                              |
| Pran  | tation FL 3331   | . /   | 8  | B3                       |  |                        |                              |
|   |  |   | 1  | 84 City                  | <del>,</del>   | 85                     | Zip Code                     |
|   |  |   |  |                          | pration submits this statement for the p   | FL                     |                              |
| IGNATURE<br><b>2.</b>   | Top sit on Typest or profest name of registered OFFICERS A | agent and the Capplicable tN<br>NND DIRECTORS                       | IOTE Registered .                                  | Agent signature required | d when reinstating) ADDITIONS/CHANGES TO OFFIC   | DATE<br>CERS AND DIREC | CTORS IN 12                  |
| #   | D  | DELETE  | 11 1811  | E                        | ,  | Cha                    |                              |
| 5 <b>5</b> %  | Zeim, Jason  |   | 1.2 NAN  | ME                       |  |                        |                              |
| HEL ANDRESS   | 4681 NW 7th Drive  |   |  | EET ADDRESS              |  |                        |                              |
| TV - SI - Z -   | Plantation FL  |   |  | Y-\$T-7IP                | · · · · · · · · · · · · · · · · · · ·  | Поь                    | anno I Additio               |
| 1 [   |  | L. DELETE   | 2.1 TITL<br>2.2 NAM                                |                          |  | L Cha                  | ange L. Additio              |
| ME<br>RELIADRISS  |  |   |  | EET AODRESS              |  |                        |                              |
| ин (ж.дица)<br>'Y (\$1-Z)   |  |   |  | Y-SI-ZIP                 |  |                        |                              |
| 11.21 1   |  | DELETE.   | 3 1 THL  | F + -                    | ······································   | Cha                    | ange 🛄 Additio               |
| 167   |  |   | 3 2 NAM  | NE                       |  |                        |                              |
| RELLADORES.   |  |   |  | EET ADDRESS              |  |                        |                              |
| 19 ST 26  |  | DELETE  | 3.4 CIT<br>4.1 TITE                                | Y-ST-ZIP                 |  | Cha                    | ange Additio                 |
| B.°<br>AMi  | !  |   | 4 2 NA   |                          |  | - Ond                  | g. Law Fladible              |
| TREFT A DDRESS  |  |   | •  | EET ADDRESS              |  |                        |                              |
| r'y St 70   |  |   | 4.4 CIT  | Y - \$1 - ZIP            |  |                        |                              |
| ft é  |  | DELETE  | 51701  | ι€                       |  | /b = 9                 | inge Additio                 |
| .A  |  |   | 5.2 NA4  |                          |  | 165/1                  | 1/00                         |
| TREET ADDRESS.  | • .  |   |  | REET ADDRESS             | $\leq$   | () 4/12                | リグタ                          |
| T <u>i. 51. /</u> #<br>∈ €  |  | DELETE  | 54 CiT<br>61 TiTL                                  | Y - ST - ZIP             | /b   | T Chi                  | ange                         |
| 7.Ar<br>- 1.  |  | ت میرداد  | 62 NAM   |                          | 30000219   |                        | J                            |
| enym<br>High Abb  |  |   |  | REET ADDRESS             | 30000219<br>-05/28/970108  | 32046                  |                              |
| 4 r S1 70°  |  |   | 6 4 CIT  | Y-ST-ZIP                 | ***165.00  |                        |                              |
| ir fortsat<br>Larn an   | see node steel on this armual report r                     | or supplemental annual report i<br>i or the receiver or trustee emp | ialify for the e<br>is true and a<br>lowered to ex | exemption stated         | ***165.00 In Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S | il effect as if mad    | te under oa                  |