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 # S90599

(9)

K & L COURIERS, INC.

SIGNATURE:

FILED Jun 02 1997 8:00am Secretary of State

407-333-4281

21 28 U S A OAK De 26 28 U S A OAK De 59-3092570 No. Suite Apt # etc. Suite Apt # etc. Suite Apt # etc. City & State State State City & State	pplied For ot Applicable Additional equired
SUITE 2105 E ALTAMONTE SPRINGS FL 32714 SUITE 2105 E ALTAMONTE SPRINGS FL 327142516 2. Principal Place of Business 3. Date Incorporated or Qualified 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 8. This corporation has liability for intangible tax under s 7. Florida Status 8. Trust Fund Contribution 8. This corporation has liability for intangible tax under s	pplied For ot Applicable Additional equired
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-2516 3. Date Incorporated or Qualified 10/29/1991 10/29/1991 2. Principal Place of Business 3. Date Incorporated or Qualified 10/29/1996 4. FEI Number 5. Certificate of Status Desired \$8.75 Fee Re R	pplied For ot Applicable Additional equired
2. Principal Place of Business 2. Principal Place of Business 2. Suite Apt # etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Suite Apt # etc. 2. City & State 2. Country 2. Country 2. Country 2. Country 2. Country 3. This corporation has liability for intangible tax under selection of the status of New Registered Agent 3. This corporation has liability for intangible tax under selection of New Registered Agent 3. Name and Address of Current Registered Agent 3. Name 3. Name and Address of New Registered Agent 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing 7. Trust Fund Contribution 7. Added 7. Trust Fund Contribution 7. Name and Address of New Registered Agent 8. This corporation has liability for intangible tax under selection of New Registered Agent 8. Name	pplied For ot Applicable Additional equired
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5. Certificate of Status Desired Fee Record Fee Records Status Desired Fee	equired May Be to Fees
27 Fee Re City & State Country Country Country Country Country Solution Place of the Recompany Financing Trust Fund Contribution Country Solution Rockwell, Keith City & State City & State City & State Country Country Country Country Solution Country Florida Statutes Tables In No 10, Name and Address of New Registered Agent Rockwell, Keith Rockwell, Keith Rockwell, Keith	May Be to Fees
23 LMGWOEU 72 28 LMGWO-0 72 Trust Fund Contribution Added 21p Country 21p Country 30 Xminu 8. This corporation has liability for intangible tax under s 24 32779 25 SCMINU 29 32775 30 Xminu 8. This corporation has liability for intangible tax under s Florida Statutes 10 Name and Address of New Registered Agent ROCKWELL, KEITH 81 Name	to Fees
24 3279 25 Scmilule 29 3279 30 Scmilule Florida Statutes 12 Scmilule 19 3279 10, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent ROCKWELL, KEITH	
24 32779 25 Schmitche 29 32779 30 Schmitche Florida Statutes These No. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent ROCKWELL, KEITH	
ROCKWELL, KEITH 81 Name	
HUCKWELL, NEITH	
287 VISTA OAK DR. 82 Street Address (P.O. Boy Number is Not Acceptable)	
LONGWOOD FL 32779	
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 chapping it	is registered
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered
SIGNATURE Stignature: typical or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	····
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
THE D LATTIFLE LATTIFLE Change	Addition
NAME ROCKWELL, KEITH R. 1.2 NAME	
STREET ADDRESS 287 VISTA OAK DR. 1.3 STREET ADDRESS	
CITY-S1-7 P LONGWOOD FL 14 CITY-S1-7 P	Addition
TITLE L. DELETE 2.1 TITLE L. Change	Manimum
STREET ADDRESS 2.3 STREET ADDRESS	
CITY ST-710	
TRICE DELETE 31 TITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-7/P 3.4 CITY-ST-2/P	
TILE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	
STHEET ADDRESS 4.3 STREET ADDRESS	
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NAME 6.2 NAME	
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STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 709	Ì
STREE ADDRESS CITY-ST-ZIP 14. I do 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 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 unliant an officer or director of the corporation or the receiver or trustee exposurered to execute this report as required by Chapter 607, Florida Statutes; and that my is considered to execute this report as required by Chapter 607, Florida Statutes; and that my is considered to execute this report as required by Chapter 607.	the