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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S92922

(1)

1. Corporation Name PRIORITY EXPRESS SERVICES, INC.  Frincipal Place of Business 6022 BENJAMIN RD. TAMPA FL 33634  Mailing Address P.O. BOX 21064 TAMPA FL 33622-1064								
					3. Date Incorporated or Qualified 11/08/1991	3a. Date of Last 08/14/1996		
	tace of Business	2a. Mailing Address		<del></del>	4, FEI Number 59-3204736	<del></del>	Applied For	
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Not Applicable  Additional	
22		27			Certificate of Status Desired	Fee	Required	
City & Stal	te	City & State			Election Campaign Financing     Trust Fund Contribution		May Be	
<b>23</b>   Zip	Country	<b>28</b>	Coun	try	Trust Fund Contribution	·-··	d to Fees	
24	25 29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren	t Registered Agent		Name	10. Name and Address of New Re	gistered Agent		
	gner & di maio L.C. Glens drive West		L					
	INTON BEACH FL 33436		1	Street A	Address (P.O. Box Number is Not Accepta	ble)	1	
501			1	13		· · · · · · · · · · · · · · · · · ·		
			Ē	4 City		Pag 85 Zi	p Code	
14 Charamant	to the previous of Continue CO7 050	2 and 602 1509 Florida Statu	tas the abo	l nomed	corporation submits this statement for the		ito reciptored	
office or I	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corp	corporation submits this statement for the toration's board of directors. I hereby accelerations	pt the appointment	as registered	
agent. Fa	WAGNER & Di MAI	Tu-Ca	iopaa siaa		an	04/17/97		
	Signature, typed or printed name of registered age	of and title if applicable. (NO		Agent signature i	required when reinstating)	DATE		
12. IIILE	OFFICERS AN	D DIRECTORS  DELETE	1.1 T(f).	F	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTI		
NAME	CITRO, BART T.		1.2 NAM	· i			, Carroquion	
STREET ADDRESS	1552 HUNTLEIGH CT.		1.3 STR	EET ADDRESS				
CITY - ST - 710	OLDSMAR FL		1.4 CITY	-ST-ZIP				
TITLE	D OTTOO IO ANIN	DELETE	2.1 TITL	ſ		Chang	e [_] Addition	
NAME	CITRO, JO ANN 1552 HUNTLEIGH CT.		2.2 NAM	i			ĺ	
STREET ADDRESS CITY - STZIE	OLDSMAR FL			EET ADDRESS Y-S1-ZIP				
Till	D	DELETE	3.1 TITL	<del></del>		Chang	e Addition	
NAME	WAGNER, ARTHUR		3 2 NAM	IE.	Maller	11-		
STREET ADDRESS	21 GLENS DRIVE WEST		3.3 STRI	EET ADDRESS	Cuero.			
CITY - ST - ZIP	BOYNTON BEACH FL 33438	The street		Y-ST-ZIP		<u> </u>	. Darring	
TIFLE		DELETE	4.1 TITL 4.2 NAM	1		Chang	e Addition	
NAME STREET ADDRESS	}		- 1	AL EET ADDRESS			ļ	
City-St-7iP				-ST-ZIP				
THE		DELETE	51 TITL	······································	**************************************	☐ Chang	e Addition	
NAME			5.2 NAM	IE ,				
STREET ADDRESS				EET ADDRESS			ļ	
CHY-ST-70		DELETE		-\$1-ZIP		☐ Chang	e Addition	
TITLE		[1] ocreje	6.1 TITE	ſ		☐ cuang	2 FT YOUROU	
NAME STREET ADDRESS			6.2 NAM 6.3 STRI	EET ADDRESS	•			
CITY - ST- ZIP				-ST-ZIP			1	
	by could that the information number	durith this filing done not qual		,	ated in Section 119.07(3)(i), Florida Statute	e I further certify th	at the	

14. Ido hereby certify that the information supplied with this filing close 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 precise 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 in an authority with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORACTOR

OSCIONATION OFFICER OR ORACTOR

OSCIONATION OFFICER OR ORACTOR

OSCIONATION OFFICER OR ORACTOR

OSCIONATION OFFICER OR ORACTOR