FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S98166** **(9)**

1. Corporation Name

GENERAL POSTAL CENTERS INC.

Principal Place of Business	Mailing Address
~~1511 E COMMERCIAL BLVD~~ ~~FT LAUDERDALE FL 33334~~	~~1511 E COMMERCIAL BLVD~~ ~~FT LAUDERDALE FL 33334~~

3. Date Incorporated or Qualified: 12/05/1991
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0298029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4450 NE 13 Ave.	26 4450 NE 13 Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Laud, Fl	28 City & State: Ft. Laud, Fl
24 Zip: 33334 25 Country: USA	29 Zip: 33334 30 Country: USA

9. Name and Address of Current Registered Agent

POLLARI, CINDY
~~1511 E COMMERCIAL BLVD~~
~~FT LAUDERDALE FL 33334~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4450 NE 13 Avenue

83

84 City: Ft. Lauderdale **FL** 85 Zip Code: 33334

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: Cindy Pollari — 4/20/96
Signature, Type or print name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	POLLARI, CINDY LYNN		12 NAME	
STREET ADDRESS	~~2120 NE 51 CT., #1~~		13 STREET ADDRESS	4450 NE 13 Avenue
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~		14 CITY-ST-ZIP	Ft. Lauderdale, Fl 33334
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME	Richard P. Pollari		22 NAME	
STREET ADDRESS	4450 NE 13 Avenue		23 STREET ADDRESS	4450 NE 13 Avenue
CITY-ST-ZIP	Ft. Lauderdale, Fl 33334		24 CITY-ST-ZIP	Ft. Lauderdale, Fl 33334
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Cindy L Pollari Pres. — 4/20/96 — 954-938-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #