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'95 MAY 16 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # V11671

1. Corporation Name

THE CLIENT EXPRESS, INC.

Principal Place of Business / Mailing Address

500 SAVAGE Court
Longwood, FLORIDA 32750

100001493141
-05/13/95--01029--017
****225.00

DO NOT ****225.00 IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 500 SAVAGE Court	26 500 SAVAGE Court	92	94
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number 59-3105340	☐ Applied For ☐ Not Applicable
City & State 23 Longwood, FL.	City & State 28 Longwood, FL.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32750 25 U.S.A.	Zip / Country 29 32750 30 U.S.A	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	

9. Name and Address of Current Registered Agent

EDWARD R. GONYE

10. Name and Address of New Registered Agent

81 Name: MARY H. BIDDLE
82 Street Address (P.O. Box Number is Not Acceptable): 500 SAVAGE Court
83
84 City: Longwood FL 85 Zip Code: 32750

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: MARY H. BIDDLE, President — M.H. Biddle — 4-5-95
(Signature, typed 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 DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition P MARY H. BIDDLE 6718 FAIRWAY COVE DR ORLANDO, FLORIDA 32835
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition VP MARTIN M. KANDEL 21 River Ridge ORMOND BEACH, FLORIDA 32174
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition D LARRY COLTELLI 10 Tequesta Blvd ORMOND BEACH, FL 32174
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition CH

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)(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.

SIGNATURE: M.H. Biddle — MARY H. BIDDLE, President — 4-5-95 — 407-230-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #