

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V14261

(4)

1. Corporation Name

THE MAIL COMPANY, INC.



Principal Place of Business

**21218 ST. ANDREWS BOULEVARD
SUITE 10
BOCA RATON FL 33433
US**

Mailing Address

**21137 BIRDS NEST TERRACE
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
02/12/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0312770

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORES, ARLENE M.
21137 BIRDS NEST TERRACE
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

Signature, typed or printed name of registered agent and then in applicant is

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P FLORES, ARLENE M**
STREET ADDRESS **21137 BIRDS NEST TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **V FLORES, RAUL**
STREET ADDRESS **21137 BIRDS NEST TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

1.2 NAME

TITLE ☐ DELETE
NAME **S FLORES, ARLENE M**
STREET ADDRESS **21137 BIRDS NEST TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

1.3 STREET ADDRESS

TITLE ☐ DELETE
NAME **T FLORES, ARLENE M**
STREET ADDRESS **21137 BIRDS NEST TERRACE**
CITY - ST - ZIP **BOCA RATON FL**

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Arlene M. Flores, President **Arlene M. FLORES** 2/19/96 407-391-8518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)