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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27448

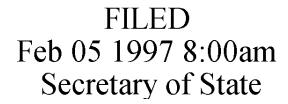
(2)

DEDICATED DELIVERY SERVICES, INC.

Principal Place of Business

6744 ALISMA LANE JACKSONVILLE FL 32244 Mailing Address

8744 ALISMA LANE JACKSONVILLE FL 32244-8004





		* · · ·	*************************	*****	3. Date Incorporated or Qualified 04/06/1992		e of Last Report 104/1996	
	Place of Business	2a. Mailing Address	מרו בים	leads	4. FEI Number 59-3113923		-	plied For
Suite Ant	POUCE DE l'EUR C	Suite Ant # etc	U VE	EONL	09-3110923			ot Applicable Additional
22 CRAINE PARK 27				Certificate of Status Desired Fee Re				
City & State City & State				Fl.	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 3207	25 C/AY	29 37073	30 C	14		Yes N	0	. 199.032,
1.hr	9. Name and Address of Curre	ent Hegisterea Agent	81	Alomo	10. Name and Address of New Re	gistered Ager	nı	
	ETS, RICHARD K.		01	Name				
6744 ALISMA LANE JACKSONVILLE FL 32244				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
5			83					**************
			84	City	· · · · · · · · · · · · · · · · · · ·	FL 8	5 Zip	Code
office or r agent. La SIGNATURE	registered agent, or both, in the Sta am famili ar with, and accept the obli- signature, tyred or profed name of registred a	ite of Florida, Such change was igations of, Section 607,0505, Florida agentarial tilent application (NOI	authorized b orida Statute IE Angistered Ag	y the corporat s.	poration submits this statement for the pation's board of directors. I hereby accepted when reinstating)	pt the appointr	ment as	registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			·
TITLE	METS, RICHARD K.	DEFELE	1.1 TITLE			L	Change	Addition
NAME	6744 ALISMA LANE		1.2 NAME					
STREET ADDRESS	JACKSONVILLE FL		1.3 STREE	T ADDRESS				
CITY+ST-ZIP	UNONOOITIELE FE	I DELETE	1.4 CITY-:	ST-ZIP			<u></u>	
THLE		L DELETE	2.1 TITLE	1		اسا ب	Change	Addition
NAME			22 NAME					
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NAME			3 2 NAME					
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NAME		ניין מבונית				لسا	Change	LJ AUGITION
STREET ADDRESS			4.2 NAME					
			1	T ADDRESS				
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NAME		First Detect	5.2 NAME			لبا	Sharige	E-H MUUNUM
				1 40000000				
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			6.1 TITLE			ليا	onange	Monitou
NAME			6.2 NAME					
	1		■ 4 3 CYDER	TAGGREGE				
STREET ADORESS CITY-ST-ZIP			U.S STREE	T ADDRESS				

information includated 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 clirector 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: