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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

0309729

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V41714

(9)

CHRISTINA'S COURIER, THE PERMIT SPECIALIST, INC.

Mailing Address Principal Place of Business 2633 LANTANA RD. 907 NW 11 ST. BLOG. 608, NORTH OFFICE BOYNTON BCH. FL 33426-2978 LANTANA-PL 33462 3. Date Incorporated or Qualified Sa. Date of Last Report 06/08/1992 04/08/1996 2. Principal Place of Business
21 2416 HENRIETA CT. 2a. Mailing Address 4. FEI Number Applied For 65-0338096 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing LAMIANA Added to Fees Trust Fund Contribution 25 PACMISCH 29 3346 9. Name and Address of Current Registered Agent 8. This corporation has liability for intengible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of Jiaw Registered Agent AUER, CHRISTINA Name tuer 24 16 Henrietta Ci. 507 NW 11 ST .--Street Address (P.O. Box Number is Not Acceptable) BOYNTON BCH. FL 33428 (An TANIT) 71 MenRictin 83 ANTIMA 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12. 13. TITLE 'n DELETE 1.1 TITLE Change Addition AUR CHROSIAN AUER, CHRISTINA 1.2 NAME 2416 Henricom 507 NW 11 ST. STREET ADDRESS 1.3 STREET ADDRESS ANTANA **BOYNTON BCH. FL** CITY-ST-ZIP 1.4 C/TY- ST- ZIP Change DELETE THE 2.1 TITLE AUER. JEFFREY 22 NAME NAME 507 NW 11 ST 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON-BCH FL** 2. 4 City-ST-ZIP C(TY - ST - 7)P DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-7/P 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIF 14. If do hereby certify that the information supplied with this filing 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 changes, or on an attachment with an address.