

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS**APPROVED  
AND  
FILED****DOCUMENT # V41731 (3)**

1. Corporation Name

**MAIL SYSTEMS GROUP, INC.**

95 MAY -1 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**950 NORTH ORLANDO AVE.  
SUITE 330  
WINTER PARK FL 32789**

Mailing Address

**C/O MICHAEL RADYAK  
450 LONGMEADOW LN.  
LONGWOOD FL 32779-6009**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/05/1992**

3a. Date of Last Report

**05/17/1994**

4. FEI Number

**59-3176544**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

**21 950 N ORLANDO AV**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 Suite 230**

City &amp; State

**23 WINTER PARK, FL**

Zip

**24 32789**

Country

**25 Orange**

City &amp; State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RADYAK, MICHAEL  
450 LONGMEADOW LANE  
LONGWOOD FL 32779**

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 fee if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **RADYAK, MICHAEL T**  
STREET ADDRESS **450 LONGMEADOW LANE**  
CITY - ST - ZIP **LONGWOOD FL 32779**TITLE **VP**  
NAME **RADYAK, REBECCA**  
STREET ADDRESS **4509 LONGMEADOW LANE**  
CITY - ST - ZIP **LONGWOOD FL 32779**TITLE **C**  
NAME **VAN ROJEN, ROBERT**  
STREET ADDRESS **950 N. ORLANDO AVE.**  
CITY - ST - ZIP **WINTER PARK FL 32789**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

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:

**M. Radvack (M. RADYAK)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/94**  
Date**407/740-0893**  
Telephone Number