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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V49907

(1)

COURIERS, INC.

Principal Place of Business

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



JUPITER FL 33458			JUPITER FL 33458-7946					
·						3. Date Incorporated or Qualified 07/10/1992	3a. Date of Last F 05/01/1996	Report
2. Principal Pi	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	I A	pplied For
21		26				65-0344697	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27	······································			V. Commonic of Glades Desired	Fee R	equired
City & State	9	—¬ ´	City & State			6. Election Campaign Financing		May Be
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	·		1	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
14 1 1		ant Hegistereo Agen		81	Name	10, Name and Address of New Re	gistered Agent	
	TE, CHARLES R L			"	Haine			
	E INDIANTOWN RD		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
JUPI	TER FL 33477			83				
				03				
				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 title if applicable (NOTE Registered Agent signature required when relinstating) DATE								
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	Addition
NAME	MANUEL, ROGER B			1.2 NAME]
STREET ADDRESS	6375-4 RIVERWALK LANE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	J <u>up</u> iter fl			1.4 CITY-S	1 - ZIP			
TITLE	D		DELETE :	21 TITLE			☐ Change	Addition
NAME	MANUEL, DIANE P			2.2 NAME				
STREET ADDRESS	6375-4 RIVERWALK LANE		<u> </u>	2.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	JUPITER FL			2. 4 CITY-5	ST - ZIP			
TITLE			DELETË :	3.1 TITLE			☐ Change	Addition
NAME			:	3.2 NAME				1
STREET ADDRESS			:	3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY - S	31 - ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME			,	4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP	· · ·	··		4.4 CITY - S	T- ZIP			
TITLE		П	DELETE :	5.1 TITLE		•	☐ Change	☐ Addition
NAME			j :	5.2 NAME				
STREET ADDRESS				5.3 STREFT	ADDRESS			
CITY-ST-ZIP	 	····		5.4 CITY - S	T-71P		·	
TITLE		LJ	Į.	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS			(G.3 STREE1	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	· ·		

I 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 it 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, on on an attachment with an address.