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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		Z DIVI:	SION OF CORF	PORATIONS				
DOCUI	MENT #	V61628	5	(2)					
'	ON MAIL CENTI	er inc.							
Principal Place	of Business		Mailing Address	 3					
6055 N. W	ICKHAM ROAD		6055 N. WI	CKHAM ROAD					
	NE FL 32940			E FL 32940					
						3. Date Incorporated or Qualified 09/03/1992	3a. Date of	f Last Re	
. Principal Place of Business 1			2a. Mailing Address		4. FEI Number	- 	ļ	Applied For	
Suite, Apt.	#. etc.		Suite, Apt. #	i etc		59-3153589		- yeard an amban	Not Applicable Additional
]	.,		27	., 5.5.		5. Certificate of Status Desired		•	Required
City & State	:		City & State			6. Election Campaign Financing		\$5.00) Мау Ве
<u> </u> Z _і р	Cour		28 Zur		Country	Trust Fund Contribution			to Fees
	25	· · · · · · · · · · · · · · · · · · ·	Zip 29	30	Country	8. This corporation has liability for Florida Statutes XY Yes	ıntangible tax ι ∭No	inder s	199.032,
		dress of Current R				10. Name and Address of New R		ent	
					81 Name				
MEIKLE, SCOTT					82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	n. Wickman Roai	D					····		
MELDA	ALIDAIC EL AAAAA				[63]				
MELB	OURNE FL 32940				83				
Pursuant t or register familiar wit		octions 607,0502 an he State of Florida. igations of, Section	nd 607.1508, Florid Such change was 607.0505, Florida	da Statutes, the authorized by t Statutes.	84 Crty	oxation submits this statement for the pur and of directors. I hereby accept the appr			Code ogistered office agent. I am
Pursuant to register familiar with GNATURF	o the provisions of Se	n entregistered agent and	607.0505, Florida	Statutes.	84 City above-named corporate corporation's beautiful April Signature resurrence.	e i when ten නිල්බලා	pose of chang ointment as rec	ing its registered	egistered offic agent. I am
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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:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data of Proce #