SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90001 007 ***550.00

1	MEN # V71901 FOR DELIVERY, INC.						
Principal Plac	e of Business	Mailing Add	Iress		· · · · · · · · · · · · · · · · · · ·		
1450 NW 81 AVE ! 1450 NW 81 AVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/19/1992	
· ·	2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26						65-0380582	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29		Countr 30	y	 This corporation owes the current year Intangible Personal Property. 	Yes X No
	9. Name and Address of Curren	t Registered Age	ent			10. Name and Address of New Register	ed Agent
ROGAN, JEFFREY A 1450 NW 81 AVE CORAL SPRINGS FL 33071					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
				83			
					City		85 Zip Code
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such of	change was au	uthorized b	the corporati	oration submits this statement for the purpose o ion's board of directors. I hereby accept the ap	f changing its registered pointment as registered
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOT	TE: Registered	Agent signature req	quired when reinstating) DAT	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD POCAN		DELETE	1.1 TITLE	,	•	Change Addition
NAME	JEFFREY A. ROGAN			1.2 NAME			
STREET ADDRESS	1450 NW 81 AVE. CORAL SPRINGS FL				ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	—	7	1.4 CITY-S 2.1 TITLE	T-ZIP		
TITLE		L	DELETE .				Change Addition
NAME STREET ADDRESS				2.2 NAME	T ADDRESS		
		1			T ADDRESS		
CITY-ST-ZIP.		-	7 DELETE	2.4 CITY-S 3.1 TITLE	I-ZIP		Address Address
NAME		·	_ DELETE	3.2 NAME		محريا	Change Addition

STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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 15 if chapted of in an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Change Addition

Change

___ Change

Addition

___ Addition