

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000285 (6)**

1. Corporation Name
AMERICAN POSTAL OWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3300 UNIVERSITY DRIVE SUITE 605 CORAL SPRINGS FL 33065		3300 UNIVERSITY DRIVE SUITE 605 CORAL SPRINGS FL 33065	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3111 UNIVERSITY DR	26 3111 UNIVERSITY DR	01/10/1994	
22 SUITE 605	27 SUITE 605	4. FEI Number	Applied For
23 CORAL SPRINGS FL	28 CORAL SPRINGS FL	65-0464093	Not Applicable
24 33065	25 BROW	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 33065	30 BROWARD	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
BAKALAR, MARVIN 103 S.W. 120TH LANE CORAL SPRINGS FL 33071		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 officer 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 607.0503, Florida Statutes.

SIGNATURE: *Marvin Bakalar* DATE: 4/4/95
Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when revolving)

12. OFFICERS AND DIRECTORS	
TITLE	Director
NAME	MARVIN BAKALAR, PRES
STREET ADDRESS	103 SW 120TH LANE
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	Director
NAME	BIANCA BAKALAR
STREET ADDRESS	103 SW 120TH LANE
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	Director
NAME	LAWRENCE MAGDOVITZ
STREET ADDRESS	112 East Second Street
CITY - ST - ZIP	Clarksdale, MS 38614
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	800001464858
2.1 TITLE	-04/26/95--0108 Change <input checked="" type="checkbox"/> Addition
2.2 NAME	****130.00 ****130.00
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	655
6.3 STREET ADDRESS	4/21/95
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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marvin Bakalar* DATE: 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Print Name)