

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 348513 (3)

1. Corporation Name

MOVSOVITZ & SONS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

3100 HILTON STREET  
P.O. BOX 41565  
JACKSONVILLE FL 32203

3100 HILTON STREET  
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/24/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1262727	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURER, LARRY  
3100 HILTON ST.  
JACKSONVILLE FL 32203

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST MAURER, LARRY H. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, LARRY H.	1.2 NAME	
STREET ADDRESS	3100 HILTON STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32203	1.4 CITY - ST - ZIP	
TITLE	DP MOVSOVITZ, LAWRENCE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOVSOVITZ, LAWRENCE	2.2 NAME	
STREET ADDRESS	3100 HILTON STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32203	2.4 CITY - ST - ZIP	
TITLE	AS KURK, BERNADETTE M. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURK, BERNADETTE M.	3.2 NAME	
STREET ADDRESS	15303 DALLAS PARKWAY, #1250	3.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX 75248	3.4 CITY - ST - ZIP	
TITLE	D O'BOYLE, KEVIN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BOYLE, KEVIN	4.2 NAME	
STREET ADDRESS	7380 SAND LAKE ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	S NAPIER, ANDREA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, ANDREA	5.2 NAME	
STREET ADDRESS	7380 SAND LAKE ROAD	5.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D PIPPEN, LENNY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPEN, LENNY	6.2 NAME	
STREET ADDRESS	7380 SAND LAKE ROAD	6.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	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: Bernadette M. Kurk Bernadette M. Kurk 3/1/96 214-687-8230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)