

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 348513 (3)**

1. Corporation Name  
**MOVSOVITZ & SONS OF FLORIDA, INC.**



Principal Place of Business <b>3100 HILTON STREET P.O. BOX 41565 JACKSONVILLE FL 32203</b>	Mailing Address <b>3100 HILTON STREET JACKSONVILLE FL 32209-2703</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>06/26/1969</b>	3a. Date of Last Report <b>03/15/1996</b>
4. FEI Number <b>59-1262727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**MAURER, LARRY  
3100 HILTON ST.  
JACKSONVILLE FL 32203**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	11 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MAURER, LARRY H.</b>		12 NAME <b>JAY MOORE</b>	
STREET ADDRESS <b>3100 HILTON STREET</b>		13 STREET ADDRESS <b>5949 SOUTH EASTERN AVE</b>	
CITY - ST - ZIP <b>JACKSONVILLE FL 32203</b>		14 CITY - ST - ZIP <b>LOS ANGELES, CA 90040</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	21 TITLE <b>DIRECTOR / ASST. TREAS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOVSOVITZ, LAWRENCE</b>		22 NAME <b>BRIAN M. STURGEON</b>	
STREET ADDRESS <b>3100 HILTON STREET</b>		23 STREET ADDRESS <b>15303 DALLAS PARKWAY, #1250</b>	
CITY - ST - ZIP <b>JACKSONVILLE FL 32203</b>		24 CITY - ST - ZIP <b>DALLAS, TX 75249</b>	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	31 TITLE <b>COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KURK, BERNADETTE M.</b>		32 NAME <b>STEVE HAUGEN</b>	
STREET ADDRESS <b>15303 DALLAS PARKWAY, #1250</b>		33 STREET ADDRESS <b>3100 HILTON ST</b>	
CITY - ST - ZIP <b>DALLAS TX 75248</b>		34 CITY - ST - ZIP <b>JACKSONVILLE, FL 32203</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. 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 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 3/10/97 972-687-8282  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)