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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 348513

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



Principal Place of Business Mailing Address
3100 HILTON STREET JACKSONVILLE FL 32209
4721 SIMONTON ROAD C/O BERNADETTE KRAK DALLAS TX 75244 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **15305 DALLAS PKWY.**
22 City & State **27** **SUITE 1010, ATTN: STACY KOHN**
23 **DALLAS TX 75248**
24 Zip **25** Country **29** **75248** **30** **USA**

3. Date Incorporated or Qualified
06/26/1969
 4. FEI Number **59-1262727** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes the current year Intangible Personal Property Tax. Yes 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAURER, LARRY H.	
STREET ADDRESS	3100 HILTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOVSOVITZ, LAWRENCE	
STREET ADDRESS	3100 HILTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KURK, BERNADETTE M.	
STREET ADDRESS	4721 SIMONTON ROAD	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, MILT	
STREET ADDRESS	4721 SIMONTON ROAD	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	STURGEON, BRIAN M	
STREET ADDRESS	4721 SIMONTON ROAD	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	HAUGEN, STEVE	
STREET ADDRESS	3100 HILTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	

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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	15305 DALLAS PARKWAY, SUITE 1010
3.4 CITY-ST-ZIP	DALLAS, TX 75248
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	PARKER, MITT
4.4 CITY-ST-ZIP	15305 DALLAS PARKWAY, SUITE 1010
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	15305 DALLAS PARKWAY, SUITE 1010
5.4 CITY-ST-ZIP	DALLAS, TX 75248
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernadette Kurk **REQUIRED** 4/14/99 972-392-8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #

CR2E034 (11/98)