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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **747118**

1. Corporation Name
FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
335 BEARD STREET TALLAHASSEE FL 32303 US	335 BEARD STREET TALLAHASSEE FL 32303 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/08/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1915268 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, ROBERT C.
335 BEARD ST
TALLAHASSEE FL 32303

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	VERNAY, KELLY		1.2 NAME	Vernay, Kelly	
STREET ADDRESS	5674 ENTERPRISE PARKWAY		1.3 STREET ADDRESS	5674 Enterprise Parkway	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, DON		2.2 NAME		
STREET ADDRESS	5249 L/B/ MCLEOD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, IAN		3.2 NAME		
STREET ADDRESS	1900 OLD OKEECHOBEE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, JIM		4.2 NAME		
STREET ADDRESS	5266 HIGHWAY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	ARNOFF, MARK		5.2 NAME	Arnoff, Marc	
STREET ADDRESS	3620 S FEDERAL HWY		5.3 STREET ADDRESS	3620 S Federal Highway	
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP	Fort Pierce, FL	
TITLE	C	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	VANDROFF, JAY		6.2 NAME	Vandroff, Jay	
STREET ADDRESS	1590 E. AVENUE N.		6.3 STREET ADDRESS	1590 E. Avenue N.	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	Sarasota, FL	

CR2E037 (11/98)

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 617, 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: SIGNATURE REQUIRED 3-15-99 850-222-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #