

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. M'Chan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **842964** (9)

1. Corporation Name

U-HAUL BUSINESS CONSULTANTS, INC.



Principal Place of Business

**2727 N. CENTRAL AVENUE
PHOENIX AZ 85004**

Mailing Address

**2727 N. CENTRAL AVENUE
PHOENIX AZ 85004**

2. Principal Place of Business	2a. Mailing Address
21. Subj. Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 04/06/1979	3a. Date of Last Report 01/25/1995
4. FEI Number 93-0728694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1520, 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 607.030, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
12.1 NAME: PD SHOEN, E. J.	<input type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 2727 N CENTRAL AVE		13.2 NAME: _____	
12.3 CITY, STATE, ZIP: PHOENIX, AZ 0		13.3 STREET ADDRESS: _____	
12.4 TITLE: V	<input checked="" type="checkbox"/> DELETE	13.4 CITY, STATE, ZIP: _____	
12.5 NAME: DODDS, JOHN M.		13.5 TITLE: _____	
12.6 STREET ADDRESS: 2727 N CENTRAL AVE		13.6 NAME: _____	
12.7 CITY, STATE, ZIP: PHOENIX, AZ 0		13.7 STREET ADDRESS: _____	
12.8 TITLE: S	<input type="checkbox"/> DELETE	13.8 CITY, STATE, ZIP: _____	
12.9 NAME: KLINEFELTER, GARY V.		13.9 TITLE: _____	
12.10 STREET ADDRESS: 2727 N CENTRAL AVE		13.10 NAME: _____	
12.11 CITY, STATE, ZIP: PHOENIX, AZ 0		13.11 STREET ADDRESS: _____	
12.12 TITLE: D	<input type="checkbox"/> DELETE	13.12 CITY, STATE, ZIP: _____	
12.13 NAME: SHOEN, JAMES P.		13.13 TITLE: _____	
12.14 STREET ADDRESS: 2727 N CENTRAL AVE		13.14 NAME: _____	
12.15 CITY, STATE, ZIP: PHOENIX, AZ 0		13.15 STREET ADDRESS: _____	
12.16 TITLE: AS	<input type="checkbox"/> DELETE	13.16 CITY, STATE, ZIP: _____	
12.17 NAME: LORENTZ, JOHN A		13.17 TITLE: _____	
12.18 STREET ADDRESS: 2721 N CENTRAL AVENUE		13.18 NAME: _____	
12.19 CITY, STATE, ZIP: PHOENIX AZ		13.19 STREET ADDRESS: _____	
12.20 TITLE: _____	<input type="checkbox"/> DELETE	13.20 CITY, STATE, ZIP: _____	
12.21 NAME: _____		13.21 TITLE: _____	
12.22 STREET ADDRESS: _____		13.22 NAME: _____	
12.23 CITY, STATE, ZIP: _____		13.23 STREET ADDRESS: _____	
12.24 TITLE: _____		13.24 CITY, STATE, ZIP: _____	
12.25 NAME: _____		13.25 TITLE: _____	
12.26 STREET ADDRESS: _____		13.26 NAME: _____	
12.27 CITY, STATE, ZIP: _____		13.27 STREET ADDRESS: _____	
12.28 TITLE: _____		13.28 CITY, STATE, ZIP: _____	
12.29 NAME: _____		13.29 TITLE: _____	
12.30 STREET ADDRESS: _____		13.30 NAME: _____	
12.31 CITY, STATE, ZIP: _____		13.31 STREET ADDRESS: _____	
12.32 TITLE: _____		13.32 CITY, STATE, 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 supplement 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 resident or partner 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:

John A. Lorentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Lorentz, Assistant Secretary

2/16/96

(602) 263-6645

CR2E034 (12/95)