

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:27

DOCUMENT # **L31607 (9)**  
1. Corporation Name  
**ALLPOINTS NATIONAL MOVING & STORAGE, INC.**

Principal Place of Business: **5506 GRANT ST HOLLYWOOD FL 33021**  
Mailing Address: **5506 GRANT ST HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/20/1989**  
3a. Date of Last Report: **04/08/1994**  
4. FL Number: **65-0179154**  
5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under § 199.033, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 120 S.W. 5TH COURT**  
2a. Mailing Address: **26 120 S.W. 5TH COURT**  
22. Suite, Apt. #, etc.  
23. City & State: **Pompano Beach, FL**  
24. Zip: **33060**  
25. County: **Broward**  
27. Suite, Apt. #, etc.  
28. City & State: **Pompano Beach, FL**  
29. Zip: **33060**  
30. County: **Broward**

9. Name and Address of Current Registered Agent  
**FERRARI, AL  
5506 GRANT ST  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **120 S.W. 5TH COURT**  
83.  
84. City: **Pompano Beach, FL**  
85. Zip Code: **33060**

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: *Al Ferrari* **AL. Ferrari** **1/12/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>
NAME	<b>FERRARI, AL</b>
STREET ADDRESS	<b>5506 GRANT ST</b>
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>VT</b>
NAME	<b>FERRARI, DONNA</b>
STREET ADDRESS	<b>5506 GRANT ST</b>
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>120 S.W. 5TH COURT (ADDRESS)</b>
14. CITY, ST, ZIP	<b>Pompano Beach, FL</b>
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>120 S.W. 5TH COURT (ADDRESS)</b>
24. CITY, ST, ZIP	<b>Pompano Beach, FL</b>
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Sections 190.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or any subsequent annual report as 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 of the person or persons represented by me on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change or addition attachment with an address.

SIGNATURE: *Al Ferrari* **1/12/95 3057814744**