

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Apr 03 1996 8:00 am
 Secretary of State

DOCUMENT # **P95000061813 (8)**

1. Corporation Name

MIRACLE MOVERS, INC.



Principal Place of Business

Mailing Address

**4801 NE 12TH AVE
 FT LAUDERDALE FL 33139**

**4801 NE 12TH AVE
 FT LAUDERDALE FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SAMMARCO, VINCENT T
 1000 N MIATUS RD, SUITE 140
 PEMBROKE PINES FL 33026**

3. Date Incorporated or Created

08/09/1995

3a. Date of Last Report

4. FFL Number

65-0600228

Applied For Not Applicable

5. Certificate of Status Disclosed

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has adopted the intangible tax under s. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **MARVIN SIEGEL**
 82 Street Address (P.O. Box Number is Not Acceptable) **4801 NE 12TH AVE**
 83
 84 City **FT. LAUDERDALE** FL 85 Zip Code **33334**

11. Pursuant to the provisions of Section 607.0902 and 607.1502, 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 607.0902, Florida Statutes.

SIGNATURE **MARVIN SIEGEL** *M. Siegel Pres.*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-ST-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-ST-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-ST-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PRESIDENT	MARVIN SIEGEL	4801 NE 12TH AVE																		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		FOOTLAND, FL 33334																			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is valid and true and does not contain any false or misleading information as stated in Section 190.032, 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, and that I am authorized 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 affidavit.

SIGNATURE: *M. Siegel* **MARVIN SIEGEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 305 976 5034

CR2E034 (12/95)