

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000077241 (3)
1. Corporation Name
GENSHEMER MOVING SYSTEMS, INC.



Principal Place of Business: 5720 WEST CRENSHAW STREET, SUITE A TAMPA FL 33634
Mailing Address: 5720 WEST CRENSHAW STREET, SUITE A TAMPA FL 33634-3005

3. Date Incorporated or Qualified: 09/17/1996
3a. Date of Last Report

2. Principal Place of Business
21. 8432 SUNSTATE STREET
22. Suite Apt. # etc.
23. TAMPA, FL 33634
24. 33634
25. USA
26. 8432 SUNSTATE STREET
27. Suite Apt. # etc.
28. TAMPA, FL
29. 33634
30. USA

4. FEI Number: 59-3399501
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name: Guy V. Potter
82. Street Address (P.O. Box Number is Not Acceptable): 8432 SUNSTATE STREET
83.
84. City: TAMPA FL 85. Zip Code: 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: [Signature] DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSHEMER, LEE S	1.2 NAME	
STREET ADDRESS	5720 WEST CRENSHAW STREET, SUITE A	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	POTTER, GUY V	2.2 NAME	
STREET ADDRESS	5720 WEST CRENSHAW STREET, SUITE A	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33634	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE: 4/30/97 DAYTIME PHONE: 813 886 3550

92E034 (9/96)