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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P97000028193 (5)

BEKINS MOVING INDEPENDENT, INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I ADDINGO) IND PORTU PODIG BOLEF HOTEL BOTEL BOTEL BOTEL BOTEL		ID a 1914 ID o l	
5300 NO POWERLINE ROAD 5300 NO POWERLINE ROA FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309									
PONT ENDDENDALE PE 33309			FORT LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						03/28/1997			
2.	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For			antied For	
21	·		·	26		65-0746170	746170 Not Applicable		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				 	Additional	
22			27	27		5. Certificate of Status Desired	•	equired	
	City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23			28			Trust Fund Contribution		to Fees	
	Zip	Country	Zip	Country		8. This corporation owes or has paid the cure	rent year Int	tangible	
24		25	29 3	30		Personal Property Tax due June 30. Yes No			
		Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent				
de Je s us, Paulino					Name				
5300 NO POWERLINE ROAD					Street Addr	ress (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33309				82	o ii ooi 7 iddi	ress (1.0. Dox Hamber is Not Neceptable)			
				83					
				84	City		[an] 7:-		
				04	City	FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes the phove 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12	
TITL	- •			1.1 TITLE			☐ Change	☐ Addition	
NAN		JESUS, PAULINO		1.2 NAME				1	
STR		365 SW 32ND ST		1.3 STREE	ADDRESS				
CITY	-ST-ZIP ML			1.4 CITY-ST-ZIP					
TITL	E			2.1 TITLE			☐ Change	Addition	
NAM	E !			2.2 NAME				Į	
STR	EET ADDRESS			2.3 STREE	ADDRESS				
	-ST-ZIP			2. 4 CITY-	ST - ZIP				
ŤŒĻ	E [L DELETE	3.1 TITLE			Change	☐ Addition	
NAM	E	,		3.2 NAME	İ			İ	
STR	EET ADDRESS			3.3 STREET	ADDRESS			ĺ	
	-ST-ZIP			3.4. CITY-	ST-ZIP				
TITL	E		☐ DELE te	4.1 TITLE		İ	Change	☐ Addition	
NAM	E			4. 2 NAME					
STAI	ET ADDRESS			4.3 STREET	ADDRESS				
CITY	Y-ST-ZIP			4.4 CITY - ST - ZIP					
TITL			☐ DELÉTE	5.1 TITLE			Change	Addition	
NAM	E			5.2 NAME					
STRE	ET ADDRESS			5.3 STREET	ADDRESS				
ÇITY	-ST-ZIP	·-···		5.4 CITY - S	T-ZIP				
TITU			DELETE	6.1 TITLE			Change	Addition	
NAM	E			6.2 NAME	•				
STRE	et address			6.3 STREET	ADDRESS				
ĊITY	-ST-ZIP			6.4 CITY - S	T-ZIP				

14. I hereby certify that the information sympled 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 symplemental 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 pame appears in Block 12 or Block 13 if changed or on an attachment with an address.