

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **747118** (8)

1. Corporation Name

FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I NC.



Principal Place of Business 335 BEARD STREET TALLAHASSEE FL 32303 US	Mailing Address 335 BEARD STREET TALLAHASSEE FL 32303 US
--	--

3. Date Incorporated or Qualified 05/08/1979	
4. FEI Number 59-1915268	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
HARRIS, ROBERT C. 335 BEARD ST TALLAHASSEE FL 32303	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert C. Harris* **2/2/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D VERNAY, KELLY
STREET ADDRESS	8874 ENTERPRISE PARKWAY
CITY-ST-ZIP	FORT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CHASE, DON
STREET ADDRESS	5249 L/B/ MCLEOD ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	T BROWN, IAN
STREET ADDRESS	1900 OLD OKEECHOBEE RD
CITY-ST-ZIP	W PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MYERS, JIM
STREET ADDRESS	5286 HIGHWAY AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V ARNOFF, MARK
STREET ADDRESS	3620 S FEDERAL HWY
CITY-ST-ZIP	FT PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	C VANDROFF, JAY
STREET ADDRESS	1590 E. AVENUE N.
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S D VERNAY, KELLY
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay Vandroff* **4/5/98** **741 365-7060**

CR2E037 (10/97)