FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

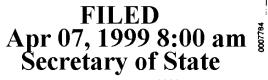
DOCUMENT # 747118

1. Corporation Name

FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, I NC.

Principal Place of Business
335 BEARD STREET
TALLAHASSEE FL 32303
US

Mailing Address



04-07-1999 90110 044 ****61.25

335 BEARD STREET TALLAHASSEE FL 32303 US 335 BEARD STREET TALLAHASSEE FL 32303 US US		TALLAHASSEE FL 32303					
2. Principal P 21 Suite, Apt.	lace of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc. 27			Date Incorporated or Qualifed 05/08/1979 FEI Number 59-1915268		Applied For Not Applicable
City & Stat	Country	28 Zip · C	Country		Certificate of Status Desired G. Election Campaign Financing	Fee	Additional Required May Be
24	25	29 30			Trust Fund Contribution	Adde	d to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
			81	Name			İ
HARRIS, F 335 BEAR	Robert C. In St		82	Street Addre	iss (P.O. Box Number is Not Acceptable)		
	SSEE FL 32303		83				
			84	City		FL	ip 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN		13.	· · · · ·	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE	SD	☐ DELETE 1.1	,1 TITLE	V		Chan	ge 🔲 Addition
NAME	VERNAY, KELLY	1.2	2 NAME		ernay, Kelly		
STREET ADDRESS	5674 ENTERPRISE PARKWAY	1.3	3 STREET		674 Enterprise Parkway		i
CITY-ST-ZIP	FORT MYERS FL		4 CITY-ST	-ZiP F	ort Myers, FL	☐ Chan	ge Addition
TITLE	D	_	.1 TITLE			Chan	de 🗇 voquon
NAME	CHASE, DON		2 NAME				
STREET ADDRESS	I		3 STREET				
CITY-ST-ZIP	ORLANDO FL		.4 CNY-ST			Chan	eAddition
NAME	BROWN, IAN		2 NAME			· · ·	-
STREET ADDRESS	ACCE OF OMEROHOREE DO	3.3	.3 STREET.	ADDRESS		•	
CITY-ST-ZIP	W PALM BCH FL	3.4	A. CITY-ST	r-z iP			
TITLE	D	☐ DELETE 4.1	.1 TITLE			Chan	ge
NAME	MYERS, JIM	4.	. 2 NAME				
STREET ADDRESS		4.3	.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4 CITY-ST			[X] Chan	ge Addition
TITLE	V ADMOSE MADIC	-	.1 TITLE .2 NAME	P		(X) Cilan	de Magnioti
NAME	ARNOFF, MARK		.3 STREET.				
STREET ADDRESS	3620 S FEDERAL HWY	9.0	o o male	.=0.000 30	moff, Marc		
	ET DIEDOE EI	54	4 CITY-ST	-zip Fo	520 S Federal Highway		
CITY-ST-ZIP	FT PIERCE FL		.4 CITY-ST .1 TITLE	D	520 S Federal Highway ort Pierce, FL	⊠ Chan	ge
	FT PIERCE FL C VANDROFF, JAY	DELETE 6.1		D Va	520 S Federal Highway	⊠ Chan	ge 🔲 Addition

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 precise or or true to the corporation of the servicer or true to the servicer of the corporation of the servicer or true to the servicer of the corporation of the servicer
SIGNATURE

CITY-ST-ZIP