FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 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 # 364233 (7)

1. Corporate Name
ACTIVE MOVING & STORAGE CO

Principal Place of Business
900 NEW WARRINGTON RD
PENSACOLA FL 32506

Mailing Address
900 NEW WARRINGTON RD
PENSACOLA FL 32506-4251

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
05/18/1970

3a. Date of Last Report
07/18/1996

4. FEI Number
59-1304912

Applied For
Not Applied For

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. Are corporate assets held for sale or held for lease in the ordinary course of business? Yes No

9. Name and Address of Current Registered Agent
HERNANDEZ, STEVEN
902 NEW WARRINGTO RD
PENSACOLA FL 32506

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

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, I consent to and accept appointment for the purpose of that capacity to serve as registered agent. I understand that I am familiar with and accept the obligations of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERNANDEZ, STEVEN
STREET ADDRESS	3451 RIVERINA DR
CITY ST ZIP	PENSACOLA,FL 00000
TITLE	STD
NAME	HERNANDEZ, BELINDA
STREET ADDRESS	3451 RIVERINA DR
CITY ST ZIP	PENSACOLA,FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of this report or in my separate statement affirming my status as an officer or director.

SIGNATURE: Belinda A. Hernandez 5/14/97 453-1202