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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Mar 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

SIGNATURE:

(7)

BROV	vning-treyz moving & st	ORAGE CO.			
Principal Plac	e of Business	Mailing Address			BION BIRFA BIRNA DIDIN DIDIN BIONA 1001
120 SW 5TH ST. 120 SW 5TH ST.					
POMPANO BEACH FL 33060		POMPANO BEACH FL 33080			
				DO NOT WRITE IN	THIS SPACE
				3, Date Incorporated or Qualified	
		I - 14 % 134		12/17/1970	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21 Suite Apl # etc		Suite, Apt. #, etc.		59-1309501	Not Applicable
Suite, Apt. #, etc.		<u>├</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Floring Compains Singular	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	├	30	Personal Property Tax due June 30.	M -1
24	g. Name and Address of Current			10. Name and Address of New Regis	
GOMES, MICHAEL A			81 Name		
2401 E ATLANTIC BLVD. #210			99 Over 11 A delete	ress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	OM ATO BENOTT E 0000E		83		
-	. 6				
	$\alpha(0)$ chance		84 City		FL 85 Zip Code
11. Pursuant	to the provision. If Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purp	
office or agent. I		WINKERT YKE	thorized by the coporation Statutes. Registered Agent signature requirements	coration submits this statement for the purp tion's board of directors. I hereby accept the	ne appointment as registered
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TITLE		Change Addition
NAME	TREYZ, DAVID		1.2 NAME		
STREET ADDRESS	100-130 S W 5TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH, FL 00000		1.4 CITY - ST - ZIP		
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	TREYZ, VICKI		2.2 NAME		
STREET ADDRESS	303 DEER CREEK RUN		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2. 4 CiTY-ST-ZIP		
TITLE	VP	☐ DELÉTE	3.1 TITLE		Change Addition
NAME	LEVENSON, BRENDA		3 2 NAME		
STREET ADDRESS	751 SE 7TH AVE.		3 3 STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL		3 4. CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

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 supplement, 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 of 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 of chapter 607 and that my name appears in the same legal effect as if made under oath; that I am an officer or director of the corporation of the