

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 472576 (8)

1. Corporation Name

J & B MOVERS AND STORAGE, INC.



Principal Place of Business

1600 SO. POWERLINE ROAD
DEERFIELD BEACH FL 33442
US

Mailing Address

1600 SO. POWERLINE RD
DEERFIELD BEACH FL 33442
US

3. Date Incorporated or Qualified

03/26/1975

3a. Date of Last Report

07/07/1995

4. FEI Number

59-1582126

Applied For

Not Applicable

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHRlich, BARBARA
7710 SALEM LANE
PARKLAND FL 33067

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of the person making change (if not the registered agent)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP P EHRlich, GERALD 7710 SALEM LANE PARKLAND FL 33067	1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP ☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP ST EHRlich, BARBARA 7710 SALEM LANE PARKLAND FL 33067	2. 1. TITLE 2. 2. NAME 2. 3. STREET ADDRESS 2. 4. CITY, ST, ZIP ☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. 1. TITLE 3. 2. NAME 3. 3. STREET ADDRESS 3. 4. CITY, ST, ZIP ☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. 1. TITLE 4. 2. NAME 4. 3. STREET ADDRESS 4. 4. CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. 1. TITLE 5. 2. NAME 5. 3. STREET ADDRESS 5. 4. CITY, ST, ZIP ☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6. 1. TITLE 6. 2. NAME 6. 3. STREET ADDRESS 6. 4. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Ehrlich

Barbara Ehrlich

Feb 6, 96 305-570-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)