PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 472576 1. Corporation Name

J & B MOVERS AND STORAGE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90050 009 ***158.75



					<u> </u>		<u> [[[]]] </u>
Principal Place of Business Mailing Address							
1600 S POWERLINE RD 1600 SO. POWERLINE RD							
DEERFIELD BEACH FL 33042- 33442					DO NOT WRITE IN THIS SPACE		
us					3. Date Incorporated or Qualifed		
					03/26/1975		
2. Principal Place of Rusiness 2a. Mailing Address					4. FEI Number	A	oplied For
			ration Rd		59-1582126	/ N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	/ <u>*</u> / • • • • • • • • • • • • • • • • • • •	<u> </u>		\$8.75	Additional
22	.,	27			5. Certificate of Status Desired —	Fee R	equired
Thy & State	9	Sity & State)		6. Election Campaign Financing	\$5.00	May Be
23 Deer Freld Och. 28 Veer Field				∼ ,	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year In		_/
24 334	42 [25] Drawad	29 33442 30	1700	ward	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			}
EHRLICH, BARBARA 7710 SALEM LANE PARKLAND FL 33067			82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			83				
, ,,,,,,						or Zin	Code
			84	(<u> </u>	_ ' ' ' '	Į
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	f changing its	s registered egistered
office or re	egistered agent, or both, in the State of m familia with, and accept the obligation	s of, Section 607.0505, Florida	Statutes	ine corporation	13 board of directors. Thereby assept the appo		9,010,121
SIGNATURE		A 1 777 1	سار ر	h	<u> </u>	6.9	9
JIOIN TORKE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Rec	— <u> </u>	nt signature required			, 200 ml 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE			□ Change	
NAME)	EHRLICH, GERALD		1.2 NAME	Ì)
STREET ADDRESS	7710 SALEM LANE			TADDRESS			}
CITY-ST-ZIP	PARKLAND FL 33067		1.4 C∏Y-S	ST-ZIP		☐ Change	Addition
TITLE	ST	☐ DELETE	2.1 TITLE	Į.		☐ Change	☐ 7.6 6111011 }
NAME	EUDIICU DADQADA						
STREET ADDRESS	EHRLICH, BARBARA		2.2 NAME				
	7710 SALEM LANE		ľ	T ADDRESS			
CITY-ST-ZIP			2.3 STREE 2. 4 CITY-			, .	Addition
CITY-ST-ZIP	7710 SALEM LANE	☐ DELETE	2.3 STREE			Change	☐ Addition
	7710 SALEM LANE		2.3 STREE 2. 4 CITY-			☐ Change	☐ Addition
TITLE	7710 SALEM LANE		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME			☐ Change	☐ Addition
TITLE NAME	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP			
TITLE NAME STREET ADDRESS	7710 SALEM LANE		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP	,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP ST-ZIP ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP ST-ZIP ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	ST-ZIP ST-ADDRESS ST-ZIP ST-ADDRESS		[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP		[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS		[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 CITY- 5.5 STREE 5.5 CITY- 5.5 STREE 5.6 CITY- 5.7 STREE 5.7 STREE 5.7 STREE 5.7 STREE 5.8 STREE	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP ST-ZIP		[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 CITY- 5.5 STREE 5.5 CITY- 5.5 STREE 5.6 CITY- 5.7 STREE 5.7 STREE 5.7 STREE 5.7 STREE 5.8 STREE	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7710 SALEM LANE	☐ DELETE	2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS ST-ZIP ST-ZIP ST-ZIP		☐ Change	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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE