

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

FILED

Jan 17 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 # 491951 (0)

1. Corporation Name
LEHIGH MOVING & STORAGE, INC.



Principal Place of Business 5619 8TH ST. S.W. LEHIGH ACRES FL 33971	Mailing Address 5619 8TH ST. S.W. LEHIGH ACRES FL 33971-6312
---	--

3. Date Incorporated or Qualified 12/03/1975	3a. Date of Last Report 05/01/1996
---	---------------------------------------

2. Principal Place of Business 21 5619 8th St SW Suite, Apt. #, etc. 22 Lehigh Acres Fla City & State 23 Zip 33971 Country Lee	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33971 Country Lee	4. FEI Number 59-1227165 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	---	--

9. Name and Address of Current Registered Agent ONDERSMA, BERTON, JR. 5619 SW 8TH STREET LEHIGH ACRES FL 33971	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	---

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDERSMA, BERTON JR	1.2 NAME	
STREET ADDRESS	5619 SW 8TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	1.4 CITY - ST - ZIP	
TITLE	PVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDERSMA, BERTON JR	2.2 NAME	
STREET ADDRESS	5619 SW 8TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	
TITLE	SDC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDERSMA, BERTON JR	3.2 NAME	
STREET ADDRESS	5619 SW 8TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	3.4 CITY - ST - ZIP	
TITLE	J <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDERSMA, BERTON JR	4.2 NAME	
STREET ADDRESS	5619 SW 8TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 included 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: _____ DATE: _____ DAYTIME PHONE: 369-4579

CR2E034 (9/96)