05101999-90187-024-\$150.00-\$150.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90187 024 ***150.00

	1999	DIVISION OF CO	RPOR							
1. Coporation	MENT # 595855 IN B M T MOVERS, INC.									
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Principal Place		6860 SW 3RD ST			}					
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	ace of Business	26. Mailing Address			} ~	59-1871325		No	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional	ļ
2	<i>"</i> , δια.	27			5.	Certificate of Status Desired		Fee Re	equired	
City & State	9	City & State	* *		6.	Election Campaign Financing			May Be	-
3		28				Trust Fund Contribution			to Fees	1
Zip	Country	Zip	_ Cour	try	8.	This corporation owes the cu	rrent year Inta	angible □Yes	□No	1
4	25		10			Personal Property Tax. Name and Address of New	Registered /			
	9. Name and Address of Curre	nt Registered Agent		81 Name	10	Halle and Addison or their	100 81-101-00 7			
ALT/	WURA; MARILYN, T		1	1						1
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	GATE FL 33068		~~~ <u> </u>	83						l
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			- 1	B4 City		The state of the s	FL	85 Zip	Code	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607,0505, Florida.	horized la Statu	ove-named or by the corpo tes.	corporation s b	on submits this statement for the	ept the appoin	iment as re	egistered	
agent. I al SICNATI IDE	M tamiliar with, and accept the obligi	ent and title if applicable. (NOTE: F	egistered /	ove-named of by the corpo les.	quired when	reinstating)	C.DATE			98)
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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 changest, pr on an attachment with an address, with all other like empowered.

SIGNATURE MTED NAME OF BIGNING OFFICER OR DIRECTOR