

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90098 010 \*\*\*150.00

DOCUMENT # 608007

1. Corporation Name  
POPE MOVING & STORAGE SERVICE, INC.

Principal Place of Business  
2801 S PARK RD  
HALLANDALE FL 33009-3818

Mailing Address  
3805 NW 132ND STREET  
OPA LOCKA FL 33054  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/22/1979

4. FEI Number  
59-1895038

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 2551 SW 39th St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2551 SW 39th St.  
Suite, Apt. #, etc.

22 #100  
City & State  
23 Ft. Lauderdale, FL  
Zip Country

27 #100  
City & State  
28 Ft. Lauderdale, FL  
Zip Country

24 33312 25

29 33312 30

9. Name and Address of Current Registered Agent

MOSS, MARVIN  
20801 BISCAYNE BLVD  
SUITE 506  
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	VERDERBER, J	33 BEACH RD	NORTHPORT NY	<input type="checkbox"/>
EV	BERKOWITZ, P	3 WHITE CLIFF LANE	ST. JAMES NY	<input type="checkbox"/>
V	VERDERBER, JOHN S	2865 NE 25TH STREET	FT. LAUDERDALE FL	<input type="checkbox"/>
V	VENDERBER, JOSEPH J	583 NORTH COUNTRY ROAD	ST. JAMES NY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J Venderber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 305-687-2828  
Date Daytime Phone #

0153794

CR25034 (11/98)