


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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F53879 (5)**

1. Corporation Name  
**GARIBBEAN MOVING & STORAGE, INC.**  
*Straits Enterprises, Inc.*

Principal Place of Business <b>815 SOUTH MAIN STREET                  6TH FLOOR                  JACKSONVILLE FL 32207                  US</b>	Mailing Address <b>P O BOX 48088                  P O BOX 60069                  JACKSONVILLE FL 32247                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/17/1981</b>		4. FEI Number <b>59-2144833</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**9. Name and Address of Current Registered Agent**

**PRICE, ROBERT J.**  
**815 S. MAIN ST**  
**#800**  
**JACKSONVILLE FL 32207**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARNETT, JAMES G.</b>		1.2 NAME	
STREET ADDRESS <b>815 S. MAIN ST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUDDATH, STEPHEN M.</b>		2.2 NAME	
STREET ADDRESS <b>815 S. MAIN ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, A. QUINN</b>		3.2 NAME	
STREET ADDRESS <b>815 S. MAIN ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRICE, ROBERT J.</b>		4.2 NAME	
STREET ADDRESS <b>815 S. MAIN ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STRICKLAND, BARBARA S.</b>		5.2 NAME	
STREET ADDRESS <b>815 S. MAIN ST.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		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 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 or changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)