


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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90169 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G33655**

1. Corporation Name  
**FATHER AND SON MOVING & STORAGE, INC.**



Principal Place of Business 3551 NW 15TH ST LAUDERHILL FL 33311	Mailing Address 3551 NW 15TH ST LAUDERHILL FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>1000 Washington St</u> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <u>1000 Washington St</u> Suite, Apt. #, etc. 27
City & State 23 <u>Hollywood FL</u> Zip Country 24 <u>33019</u> 25	City & State 28 <u>Hollywood FL</u> Zip Country 29 <u>33019</u> 30

3. Date Incorporated or Qualified <b>04/18/1983</b>	Applied For Not Applicable
4. FEI Number <b>65-0156686</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PORCARO, JOHN**  
**3551 NW 15TH ST**  
**LAUDERHILL FL 33311**

10. Name and Address of New Registered Agent  
 81 Name John Porcaro  
 82 Street Address (P.O. Box Number is Not Acceptable)  
1000 Washington St.  
 83  
 84 City Hollywood FL 85 Zip Code 33019

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] **John Porcaro Registered Agent** 4/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORCARO, JOHN</b>	1.2 NAME	<u>F. Iemena Porcaro</u>
STREET ADDRESS	<b>3551 NW 15TH ST</b>	1.3 STREET ADDRESS	<u>1000 Washington St</u>
CITY-ST-ZIP	<b>LAUDERHILL FL 33311</b>	1.4 CITY-ST-ZIP	<u>Hollywood, FL 33019</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: [Signature] **SIGNATURE REQUIRED** 4/29/99 954-920-9862  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)