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Apr 15 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 # **J05839** **(2)**

1. Corporation Name
ACE MOVING COMPANY OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
410 BUSINESS PKWY STE. 127 ROYAL PALM BEACH FL 33411	410 BUSINESS PKWY STE. 127 ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified: 03/25/1986
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2684402 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LOPES, ANTHONY~~
~~109 ALCAZAR~~
~~ROYAL PALM BEACH FL 33407~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4451 148th Terrace North
83
84 City: Loxahatchee FL 85 Zip Code: 33470

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 _____ DATE
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	PVP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LOPES, ANTHONY D		1.2 NAME	
STREET ADDRESS	~~109 ALCAZAR~~		1.3 STREET ADDRESS	4461 148th Terrace North
CITY-ST-ZIP	~~ROYAL PALM BCH FL~~		1.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	T	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LOPES, NANCY M		2.2 NAME	
STREET ADDRESS	~~109 ALCAZAR~~		2.3 STREET ADDRESS	4451 148th Terrace North
CITY-ST-ZIP	~~ROYAL PALM BCH FL 33407~~		2.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LOPES, ANTHONY J.		3.2 NAME	
STREET ADDRESS	~~178 PLANTATION ROAD~~		3.3 STREET ADDRESS	2062 Polo Gardens Drive, # 207
CITY-ST-ZIP	~~LANTANA FL~~		3.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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.

SIGNATURE: Nancy M. Lopes Nancy M. Lopes 4/8/97 561-793-0538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0621741