

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J05839 (2)
1. Corporation Name
ACE MOVING COMPANY OF PALM BEACH COUNTY, INC.

Principal Place of Business 410 BUSINESS PKWY STE. 127 ROYAL PALM BEACH FL 33411	Mailing Address 410 BUSINESS PKWY STE. 127 ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2684402	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LOPES, ANTHONY
4451 148 TERR N
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

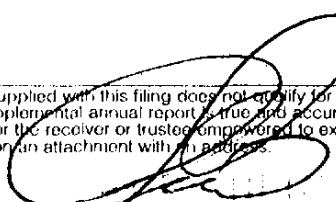
(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1.1 TITLE	President - Vice President - Secretary
NAME	LOPES, ANTHONY D	1.2 NAME	
STREET ADDRESS	4451 148 TERR N	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	1.4 CITY - ST - ZIP	Zip - 33470
TITLE	T	2.1 TITLE	
NAME	LOPES, NANCY M	2.2 NAME	
STREET ADDRESS	4451 148 TERR N	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOXAHATCHEE FL	2.4 CITY - ST - ZIP	Zip - 33470
TITLE	S	3.1 TITLE	
NAME	LOPES, ANTHONY J.	3.2 NAME	
STREET ADDRESS	2062 POLO GARDENS DR #207	3.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE



2/12/98

541-793-0538

CR2E034 (10/97)