

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90136 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J05839					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/25/1986	
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		7. This corporation owes the current year Intangible Personal Property Tax. ☐ 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 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 _____ 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 PVS ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME LOPES, ANTHONY D			1.2 NAME		
STREET ADDRESS 4451 148 TERR N			1.3 STREET ADDRESS		
CITY-ST-ZIP LOXATCHEE FL 33470			1.4 CITY-ST-ZIP		
TITLE T ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
NAME LOPES, NANCY M			2.2 NAME		
STREET ADDRESS 4451 148 TERR N			2.3 STREET ADDRESS		
CITY-ST-ZIP LOXATCHEE FL 33470			2.4 CITY-ST-ZIP		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

561-793-0538

Daytime Phone #

CR2E034 (11/98)