FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sancira B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (4)**BOSTONIAN MOVING & STORAGE, INC.** Principal Place of Business Mating Address **% BRUCE M. GOTTLIEB** % BRUCE M. GOTTLIES 125 N. 46TH AVE 125 N. 46TH AVE HOLLYWOOD FL 33021-6601 HOLLYWOOD FL 33021-6601 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1988 04/06/1995 2. Principal Place of Business 2a. Mailino Address 4. FEI Number Applied For 21 26 58-1814202 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes 🔽 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOTTLIEB, BRUCE M. Street Address (P.O. Box Number is Not Acceptable) 82 125 N. 46TH AVE HOLLYWOOD FL 33021 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Frog defort Agent signification for 12. CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSN TITLE [] DEL FIE 1.13006 Change Addition GREGORY, J. DEREK NAMe 1.2 NAME 15 BLUEBERRY ROAD STREET ADDRESS 13 STREET ADDRESS MARBLEHEAD, MA CHTY - ST - ZIP 14 C(TY - \$1 - Z)P THILE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z-P 24 CHY-ST-ZIP TITLE DELETE 3 1 HTLF Change Add tron NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST-ZIP 3.4 CiTY - \$1 - 7IP TITLE DELETE. 4 1 THE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C-D1-ST-ZP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TILLE ☐ Change Add fion 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY - \$1 - 21F TITLE DELETE 6 1 10116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET AUDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I am an officer or discolar of the corpugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ith an address

SIGNATURE:

(508/745-0100