

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90085 048 \*\*\*158.75

DOCUMENT # K36970

1. Corporation Name  
MOVING WEST, CORP.

Principal Place of Business

C/O DUDLEY COHN  
3351 N.E. 19TH AVE  
FT. LAUDERDALE FL 33306  
MOVED

Mailing Address

C/O DUDLEY COHN  
3351 N.E. 19TH AVE  
FT. LAUDERDALE FL 33306  
MOVED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1988

4. FEI Number

65-0094259

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 owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 4220 N. LAKE VISTA TRAIL  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 1566  
Suite, Apt. #, etc.

City & State

23 HERNANDO, FLORIDA

City & State

28 HERNANDO, FLORIDA

Zip

24 34442 Country

Zip

29 34442-1566 30 CITRUS

9. Name and Address of Current Registered Agent

COHN, DUDLEY  
3351 N.E. 19TH AVE  
FT. LAUDERDALE FL 33306  
4220 N. LAKE VISTA TR.  
HERNANDO, FL 34442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COHN, DUDLEY  
STREET ADDRESS 3351 N.E. 19TH AVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VD  
NAME COHN, EVELYN  
STREET ADDRESS 3351 N.E. 19TH AVE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME COHN, DUDLEY  
1.3 STREET ADDRESS 4220 N. LAKE VISTA TRAIL  
1.4 CITY-ST-ZIP HERNANDO, FL. 34442

2.1 TITLE VD  
2.2 NAME COHN, EVELYN  
2.3 STREET ADDRESS 4220 N. LAKE VISTA TRAIL  
2.4 CITY-ST-ZIP HERNANDO, FL. 34442

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)