Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K51642

1. Corporation Name

CITY-ST-ZIP

FLORIDA OFFICE MOVERS AND INSTALLERS, INC.

Principal Place	of Business	Mailing Address				1 18818111 941 61191 11619 8111	.,	.,,	
20855 NE. 16TH	AVE.	20855 NE 16TH AVE.							
#13		#13	01-70			50 1071	WOLTE IN THE	CDACE	
N. MIAMI BEACH FL 33179 US N. MIAMI BEACH FL 33179 US					-	Do NOT v Date Incorporated or Quali	VRITE IN THIS	SPACE	
03		03			3	12/15/1988	ieu		
a. Defende al Di	ace of Business	2a Mailing Address				FEI Number			pplied For
_		□ 0.000	1/5	160 1	(se) "	65-0092354		_ 	ot Applicable
Suite, Apt.		26 9675 Suite, Apt. #/etc,	10 B.	1 M					Additional
22 <i>BA</i>	# # R- 36	27	Sam	ETP-	3/2 5	Certificate of Status Desired	d 🗆 -		equired
City & State		City & State		/ • • • • • • • • • • • • • • • • • • •	6	Election Campaign Financi	ina	\$5.00	May Be
23 N. M.	TAMIBOD. FLA	28 N. M.	mr 1	BCH. FZ	X	Trust Fund Contribution		Added	to Fees
~ Zip 24 33/	79 [25] Country	^{Zip} 33179	30	USA	8	This corporation owes the Personal Property Tax.	current year Inta	angible Yes	□No
24 021	9. Name and Address of Current		1001	1	10	Name and Address of Ne	w Registered	Agent	
				81 Name				_	
NASI	I, GLENN F.			00 044	<u> </u>	D.O. Bay Number is Not Ass	antable)		
2015	NE 179 ST			82 Street	Address (P.O. Box Number is Not Acc	еріавіе)		1
N. M	IAMI BEACH FL 33162			83					
l								TA-1	
				84 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	tatutes, the	above-named	corporation	on submits this statement for	the purpose of	changing its	s registered
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	TFlorida. Such change w	as authorize . Florida Sta	ed by the corporatutes.	oration's b	ooard of directors. I hereby a	ccept the appoir	itment as re	agistered
agent, rai	III ramillar Witr, and accept the Jongon	7.00,000,000	1. 101100	_ / /		. / An /.	/-	. /^	_
			(de &	マレメレ リ	<i>I</i>	145/1	-2/3	1/44	7
SIGNATURE	Signature, typed or printed hame of registered agent	and the if applicable.	NOTE: Registers	ed Agent signature r	required when		3/3 0/18	1/44	<u>7</u>
SIGNATURE	OFFICERS AND				required when	reinstating) ADDITIONS/CHANGES TO	OFFICERS AN		
	OFFICERS AND		NOTE: Registers		PRE	ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12
12.	OFFICERS AND P NASH, GLENN F.	DIRECTORS	NOTE: Registers 13 E 1.1		PRE	ADDITIONS/CHANGES TO			
12.	OFFICERS AND	DIRECTORS	NOTE: Registers 13 E 1.1 1.21	TITLE	PRE NASI			Change	☐ Addition
12. TITLE NAME	OFFICERS AND P NASH, GLENN F.	D DIRECTORS	NOTE: Registers 13 E 1.1 1.21 1.3: 1.44	TITLE	PRE NASE 210:	ADDITIONS/CHANGES TO		Change 3	Addition
12. TITLE NAME STREET ADDRESS	P NASH, GLENN F. 2015 NE 179 ST.	DIRECTORS	NOTE: Registers 13 E 1.1 1.21 1.3: 1.44	I. TITLE NAME STREET ADDRESS	PRE NASI 210:	ADDITIONS/CHANGES TO		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, GLENN F. 2015 NE 179 ST.	D DIRECTORS	13 E 1.1 1.2 1.3 1.4 E 2.1	I. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE NASS	ADDITIONS/CHANGES TO		Change 3	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P NASH, GLENN F. 2015 NE 179 ST.	D DIRECTORS	NOTE: Registers	I. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRE NASS	ADDITIONS/CHANGES TO		Change 3	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASH, GLENN F. 2015 NE 179 ST.	D DIRECTORS DELET	E 1.1° 1.2° 1.3° 1.44° 1.2° 2.2° 2.3° 2.4° 2.4° 2.3° 2.4° 2.3° 3.1° 2.4° 2.3° 3.1° 2.4° 2.3° 3.1° 3.3° 3.3° 3.3° 3.3° 3.3° 3.3° 3	ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRENASION HOL	ADDITIONS/CHANGES TO		Change 3	□ Addition 3v 2/ □ Addition
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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 mystee 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.

6.4 CITY-ST-ZIP

REQUESTERN **SIGNATURE**2 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR