

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90029 015 ***150.00

DOCUMENT # K51642

1. Corporation Name
FLORIDA OFFICE MOVERS AND INSTALLERS, INC.

Principal Place of Business
20855 NE. 16TH AVE.
#13
N. MIAMI BEACH FL 33179
US

Mailing Address
20855 NE 16TH AVE.
#13
N. MIAMI BEACH FL 33179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/15/1988

4. FEI Number
65-0092354

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 20815 NE. 16th Ave.

2a. Mailing Address
26 20815 NE. 16th Ave

Suite, Apt. #, etc.
22 Bldg #8-36

Suite, Apt. #, etc.
27 SAME Bldg #8-36

City & State
23 N. MIAMI BEACH FLA.

City & State
28 N. MIAMI BEACH FLA.

Zip
24 33179

Country
25 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASH, GLENN F.
2015 NE 179 ST
N. MIAMI BEACH FL 33162

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 GLENN F. NASH DATE 3/31/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NASH, GLENN F.
STREET ADDRESS 2015 NE 179 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33162

1.1 TITLE PRESIDENT
1.2 NAME NASH, GLENN F.
1.3 STREET ADDRESS 2103 N. 31st Ave
1.4 CITY-ST-ZIP HOLLYWOOD, FLA. 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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)(f), 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: GLENN F. NASH DATE 3/31/99 DAYTIME PHONE # (305) 655-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR