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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62191

(7)

SMOOTH MOVERS, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

				7					
Principal Place of Business			Mailing Address			<u> </u>	I IDDIBATI DEG BATAD AIDDI BEDIÐ IÐIÐI IIDI	E(A14 B1811 A1011 A1	ON BIONE BIRN SARI
MERIC N. FORD 1114 62ND DR., SOUTH WEST PALM BEACH FL 33411			WERIC N. FORD 1114 82ND DR., SOUTH WEST PALM BEACH FL 33411-6502					· _	
		_/					Date Incorporated or Qualified 01/31/1989	3a. Date of 04/04/1	
	Principal Place of Business	/	2a. Mailing Address	15517		4.	FEI Number		Applied For
21			26 P.O. BOX 2	10011			65-0105584		Not Applicable
22	Suite, Apt. #, etc.	(2)	'Suite, Apt. #, etc.		\	5.	Certificate of Status Dosired	1 1	1.75 Additional Fee Required
23	City & State		City & State Pala	Bd,	H.		Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
24			33421	Countr 30	S.A. /	8.	This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
FORD, ERIC N. 1114 82ND DIRVE SOUTH					Namo	(6)			
WEST PALM BEACH FL 33411				15 2	92 Street Address (P.O. Box Number is Not Acceptable)				
			1/1/	83					
			Tes p	7.F 8	City			FL 85	Zip Code
11	Pursuant to the provisions of Sec	clions 607.0502 ar	id 607,1508, Florida Stal	utes, the above	e-named corpo	ration	n submits this statement for the pu	urpose of char	iging its registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or ponted name of registered agent and title if applicable (NO16: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELF1E Change Addition TITLE 1,1 TITLE FORD, ERIC N. NAME 1.2 NAME 1114 82ND DR., SOUTH STREET ADDRESS 1.3 STRELT ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2110LE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y-ST-ZIP DELETE Change Addition TITLE 4.1 11TLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 1ITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 111LF NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. I do 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 eath; 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 an attachment with an address.

SIGNATURE.

9/23/97 (561)795-32