FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # L27646	3 (3)			
FAMILY	MOVING & STORAGE, INC),			
Principal Place	of Business	Malling Address			911 01911 6181 0181 0181 01811 01811 81811 1880
% JOHN PORCARO		% JOHN PORCARO			
3551 NW 15TH ST LAUDERHILL FL 33311		3551 NW 15TH ST			
LAUDENNILL	rt 83311	LAUDERHILL FL 33311		3. Date Incorporated or Qualified	3a. Date of Last Report
6 Dissipated Dis	10			11/01/1989	05/01/1995
2. Principa! Place of Business		2a. Mailing Address		4. FEI Number 65-0156686	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, <u>, , , , , , , , , , , , , , , , , , </u>		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 [Zip	Country	[28]	T Country	Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Current			10. Name and Address of New Re	
			81 Name		
PORCARO, JOHN			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
	15TH ST		83		
LAUDERI	HLL FL 33311		. 63		
•			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the above named corpor	ration submits this statement for the purp	oose of changing its registered office
or registere	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	ia. Such change was authoræ	e d by the corporation's boa	rd of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered agent a OFFICERS AND	** *** *** *** *** *** *** *** *** ***	TE: Registered Agent signature require		DATE
TITLE	D	DELETE	13. 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
NAME	PORCARO, JOHN	_	1.2 NAME		City orange City (notice)
STREET ADDRESS	3551 NW 15TH ST		1.3 STREET ADDRESS		
C/TY-ST-ZIP	LAUDERHILL FL		1.4 CITY - ST - ZIP		
TITLE.		DELETE	2. 1 TITLÉ		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS OTY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		□ DELETE	2.4 CHY-ST-ZIP 3.1 THTLE	30000181	Change Addition
NAME			3.2 NAME	-05/10/96010	06029
STREET ADDRESS			3.3. STREET ADDRESS	***S00.00	~ - ·····
C(TY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4. 1 1/TLE	50000101	Change Addition
NAME			4.2 NAME	-05/10/96010	U8U3U
STREET ADDRESS			4.3 STREET ADDRESS	50000181 -05/10/96010 ***368.00	
CITY-S1-7IP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS			5.3 STREET ADDRESS		(~ Y ()
CITY-S1-7IP		·	5.4 CITY-ST-ZIP		<u>η</u>
TrILF		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
14. I do hereby	certify that the information supplied w	th this filing is voluntarily furn	64 CITY-S1-ZIP ished and does not qualify f	or the exemption stated in Section 119.0)7(3)(k), Florida Statutes I further
cortify that	the information Indicated on this annua	tenad or a nonlamental and	ust report is true and accura	to and that my signature shall have the r	none legal effect on Housele conde

certing that the information indicated on this aripula report of applicable 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 comparation or the Jeceiver 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 Change 2, or on an attacty lent with an address.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR