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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L31607

ALLPOIN	NTS NATIONAL MOVING &	STORAGE, INC.		•			
Principal Place of Business Mailing Address						ı miant kintı binil (01411 01011 1001
120 SW 5TH COURT 120 SW 5TH COURT							
POMPANO BEACH FL 33060 POMPANO BEACH FL 3306 US US					DO NOT WRITE IN TH	IS SPACE	
03		03			3. Date Incorporated or Qualifed	IO OF AGE	
					11/20/1989		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0179154	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22 City 9 State	1	27					equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
Zip	Country	28 Zip	Country	,	Trust Fund Contribution	Added t	io rees
24	25	— · · -	30	'	This corporation owes the current year I Personal Property Tax.	ntangible Yes	□No ·
24	9. Name and Address of Curre		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Registere		
	or reality and reality of the second	one regional regions	81	Name	To Hame and Madicoo of How Registers	a Agent	
	RARI, AL		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	SW 5TH COURT IPANO BEACH FL 33060			and the second of the second o		<u> </u>	
FUIV	ITANO BEACH PL 33000		83		・ 一		
			84	City		85 Zip (Code *
11 Dureuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes	the above	a named co	orporation submits this statement for the purpose o	of changing its	rogistored
office or r	registered agent, or both, in the State	e of Florida. Such change was aut	horized by	the corner	ation's board of directors. I hereby accept the app	ointment as re	distered
	m familiar with, and accept the oblig				and a board of directors. Thereby decopt the app		3
	um familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statutés	š. '			
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Florio gent and title if applicable. (NOTE: R	da Statutes tegistered Age	š. '	uired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	·
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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 receive 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: ,

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90097 040 ***150.00