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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CHTY-ST ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L52220

(5)

ALADDIN	I - NAGLEE MOVING & S	TORAGE, INC.						
Principal Plac	e of Business	Mailing Address			I EEDHOU DE DEUT DION ROEF ENDIF DA	i njem dinii i	YARKA DADAN BARAK D	IFOFI LODI
1109A TAMIAMI TRAIL 1109A TAMIAMI TE PORT CHARLOTTE FL 33953 PORT CHARLOTTE			953-3828					
					3. Date Incorporated or Qualified 02/16/1990		Date of Last Re 19/1996	eport
;	lace of Business	2a. Mailing Address		4. FEI Number 65-0175029		 	oplied For	
Suite, Apt	#, etc	Suite, Apt. #, etc.					\$8.75	ot Applicable Additional
22 27					5. Certificate of Status Desired		Fee Re	
City & Stat 23	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Z-p	Country	Zip	Country	<i>'</i>	8. This corporation has liability fo		e tax under s.	
24	25	29	30				∐ No	
	9. Name and Address of Cur	rent Hegistered Agent	81	Name	10. Name and Address of New R	egistered	Agent	
LIEBERMAN, ERIK R. 227 NOKOMIS AVE S					uses (D.O. Play Number in Net Accounts 12)			
VENICE FL 34285			82		ress (P.O. Box Number is Not Acceptable)			
			83					
				84 City			FL 85 Zip Code	
office or r	to the provisions of Sections 607. registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida Such change was	authorized by	y the corpo	orporation submits this statement for the tration's board of directors. I hereby according	purpose o	of changing it	s registered registered
SIGNATURE	on termen with anti-riccopa tile or	ingations or, accitor toor.osos, r	ionau oidiaic	s,				ļ
	Stgestive Typesholipe hear range of registered agent and title if pepticable (NOT) OFFICERS AND DIRECTORS			agistored Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			20 IN 10	
12.	DELETE		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
NAME	SCHWEIGER, PHILIP J.		1.2 NAME					
STHEE) ACCURESS			1.3 STREET	ADDRESS				ľ
CHY ST-7IP	WAVERLY NY		1.4 CITY~5	ST - ZIP				
Hift	D DELETE		2.1 THTLE	-			Change	Addition
NAM!	HOOSE, SCOTT M.		2.2 NAME	ן ו	toose, Scott M. 105 west 17th St. 194.43			
STREET ADDRESS	73 SCOTT AVE ELMIRA NY			ADDRESS Z	Elmina Helants, NY 14	903		
OTTY - ST - Zim TITLE	DELETE		2 4 CITY- 31 TIFLE	S1-ZIP	Electric II - July 1-1 1 1		Change	Addition
NAME.			3.2 NAME	1				
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST ZIF			3.4. CITY-					
Tritt	☐ DELETE		4.1 TITLE				Change	Addition
NAME			4. 2 NAME	ļ				Ì
STREECADORESS			4.3 STREE	T ADDRESS				
C-TY - S1 - ZIP			4.4 CITY - S	ST-ZIP				
70015		DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME	1				ĺ
SPREED ADDRESS	į		53 STREE	T ADDRESS				1
CITY ST-7+			5.4 CITY-1	ST-ZIP				
ì TLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					

6.3 STREET ADDRESS 6.4 City-St-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 acquair 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 or occurrence 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 Bluck 12 or Block 13 if changed, or on an attachment with an address.