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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97092

1. Corporation Name
A PERSONAL TOUCH VAN LINES INC

Principal Place of Business
2522 NW 24th St.
Cape Coral FL 33993

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2522 NW 24th St.
22 Suite, Apt. #, etc.
23 City & State: Cape Coral FL
24 Zip: 33993 25 Country: U.S.A.

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: Sept 4 1990

4. FEI Number: 65-0208858 — 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 or has paid the current year intangible Personal Property Tax due June 30: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
JOSEPH S. AGOSTA
2522 NW 24th St
Cape Coral, FL 33993

10. Name and Address of New Registered Agent
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 Section 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: Joseph S. Agosta Joseph S. AGOSTA 5/19/98
Signature of Registered Agent (required when reinstating) (PRINT Registered Agent's name if signature required) DATE

12. OFFICERS AND OTHER CHANGES		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Joseph S. Agosta	12 NAME	
STREET ADDRESS	2522 NW 24th St	13 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral FL 33993	14 CITY-ST-ZIP	
TITLE	Elizabeth Agosta V.P. ☐ DELETE	21 TITLE	V.P. ☐ Change ☑ Addition
NAME		22 NAME	Elizabeth Agosta
STREET ADDRESS	2522 NW 24th St	23 STREET ADDRESS	2522 NW 24th St
CITY-ST-ZIP	Cape Coral FL 33993	24 CITY-ST-ZIP	Cape Coral FL 33993
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 report or supplemental 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.

SIGNATURE: Joseph S. Agosta Joseph S. Agosta 5/19/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/97)