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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M23791

1. Corporation Name

SENTRY MOVING & STORAGE SERVICES, INC.

## Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90020 014 \*\*\*150.00

OLIVIIII	MOVING & OFFINGE CEN	11020, 1110						
Principal Place	of Business	Mailing Address				-	YIL MARK BIRN BLAIT OI	011 01011 108 <del>1</del>
2131 N.W. 72ND AVENUE 2131 N.W. 72ND AVENUE MIAMI FL 33122 MIAMI FL 33122						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 11/25/1985		
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Apr	lied For
21	26				59-2610367	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		dditional
22		27	27			5. Certificate of Status Desired	, Fee Red	quired
City & State	•	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25 29 30					Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent	***
BERGER, P.A. MICHAEL L. 9990 SW 77 AVENUE, SUITE 313 MIAMI FL 33156				82 Street Address (P.O. Box Number is Not Acceptable) 83				
					City		85 Zip C	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obliga	of Florida. Such change was auth	orized	l by th	named corpor ne corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	of changing its oppointment as reg	registered pistered
SIGNATURE						<u> </u>		
				Agent s	signature required v	when reinstating)		DC IN 42
12.			13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	_		1	1.1 TITLE		10 医 47 位		
NAME	CHECCHICH, 1901 Par			1.2 NAME				
STREET ADDRESS	2,01,111			1.3 STREET ADDRESS				
CITY-ST-ZIP			_	ry-st-	ZIP :			- Addition
TITLE	☐ DELETE 2		2.1 TIT	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NA	ME			•	
STREET ADDRESS	2.3		2.3 ST	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CI	2. 4 CITY-ST-ZIP			*	
TITLE	☐ DELETE 3:			3.1 TITLE			Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REETA	ODRESS	المعاجمين ووالمداني المالي	e e early .	ا بنو اخ
CITY-ST-ZIP			3.4. CI	TY-ST-	ZIP			3. 3
TITLE		☐ DELETE	4.1 TΠ	TLE			☐ Change	Addition
NAME			4. 2 N	AME			#	

6.4 CITY-ST-ZIP 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 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETÉ

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

renes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

1-305-593-7020

Change

Change

Daytime Phone #

Addition

☐ Addition