

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M98540 (1)
1. Corporation Name

CENTRAL FLORIDA MOVING & DELIVERY, INC.



Principal Place of Business Mailing Address
% ROBERT W. KUHN
814 RIVER BEND BLVD.
LONGWOOD FL 32779 % ROBERT W. KUHN
814 RIVER BEND BLVD.
LONGWOOD FL 32779

3. Date Incorporated or Qualified 09/07/1988 3a. Date of Last Report 04/27/1995
4. FEI Number 59-2905326 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

KUHN, ROBERT W.
814 RIVER BEND BLVD.
LONGWOOD FL 32779

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 Sections 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

Signature typed or printed name of registered agent and the applicable (initials) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME KUHN, ROBERT W.
STREET ADDRESS 814 RIVER BEND BLVD.
CITY-ST-ZIP LONGWOOD FL
TITLE D DELETE
NAME KUHN, PAMELA M.
STREET ADDRESS 814 RIVER BEND BLVD.
CITY-ST-ZIP LONGWOOD FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP Change Addition
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Change Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Kuhn ROBERT W. KUHN 7-30-96 407-682-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/96)