

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N49930 (3)

1. Corporation Name

MEN ON THE MOVE, INC.



Principal Place of Business  
505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801

Mailing Address  
505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801

3. Date Incorporated or Qualified 07/17/1992	3a. Date of Last Report 02/07/1995
4. FEI Number NOT APPLICABLE	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

GLOVER, KENNETH C.  
505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of \_\_\_\_\_ and name of \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, ROBERT	
STREET ADDRESS	1031 W. 14TH STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ROOSEVELT	
STREET ADDRESS	1909 WEST LAVON STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, T.J.	
STREET ADDRESS	1905 WEST LAVON STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOE, ALEXANDER	
STREET ADDRESS	2044 SOMERVILLE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORDERS, RAY	
STREET ADDRESS	1830 W. BELLA VISTA DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOKE, WILLIAM	
STREET ADDRESS	1301 ROBERT KING HIGH DR	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIMMONS, ROOSEVELT	
1.3 STREET ADDRESS	1909 WEST LAVON STREET	
1.4 CITY-ST-ZIP	LAKELAND FL 33805	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAMILTON, ROBERT	
2.3 STREET ADDRESS	1031 W. 14TH STREET	
2.4 CITY-ST-ZIP	LAKELAND FL 33805	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD WEBLEY	
3.3 STREET ADDRESS	3628 W. WHEELER ROAD	
3.4 CITY-ST-ZIP	LAKELAND FL 33809	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SANDERS, T. J.	
4.3 STREET ADDRESS	1905 W. LAVON STREET	
4.4 CITY-ST-ZIP	LAKELAND FL 33805	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Roosevelt Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/28/96

941 68-82493

CR2E037 (12/95)