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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1997 8:00am

Secretary of State

ntion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ale and that my signature shall have the same legal effect as if made under eath; that it is expert as required by Chapter 607, Florida Statutes; and that my name

DOCUMENT # P9300002497 (4)

PHILLIPS MOVING, INC.

Principal Place of Business

416 SW 0TH ST HALLANDALE FL 33009				416 SW 9TH ST HALLANDALE FL 33009-7032							
								3. Date Incorporated or Qualified 01/06/1993		ate of Last Fi	epori
	lace of Business		2a. Mailing	2a. Mailing Address				4. FEI Number			oplied For
21			26	26				65-0376843		No	ot Applicable
Suite, Apt. 22	#, etc.		Suite,	Suite, Apt. #, etc.				Certificate of Status Desired			
City & Stat	te		City &	City & State				6. Election Campaign Financing		\$5.00	May Ro
23			28	28				Trust Furid Contribution	Added to Fees		
Zip	Country Z			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
₽4					30			Florida Statutes 🔲 Yes 🔀 No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
PHIL	LIPS, WENDEL	LJ			81	Na	me				
	SW 9TH ST	0000			82	Stre	eet Addre	ess (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	
TIALI	LANDALE FL 3	3009			83						
					84						O
					104	City	y		FL	85 Zip	Code
11. Pursuant office or agent. I a	to the provisions registered agent am familiar with, a	s of Sections 607. , or both, in the S and accept the of	0502 and 607.1508 tale of Florida. Suct bligations of, Sectio	l, Florida Statu h change was n 607.0505, Fl	tes, the abov authorized b orida Statute	e-nan y the e s.	ned corp corporati	oration submits this statement for the on's board of directors. I hereby acce	ourpose o pt the app	f changing it pointment as	s registered registered
	Signalure, typed or pe		d agent and title it applicat	ile (NO		ent sign	alure require	od when reinstaling)	DATE		
12.		OFFICERS	AND DIRECTORS	—	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D			☐ DETE LE	111111					Change	Addition
, NAME .	PHILLIPS, WE				1.2 NAME						
STREET ADDRESS	416 SW 9TH				1.3 STREE	t addre	SS				
CITY-ST-ZIP	HALLANDALE	: FL 33009	· - ·····		1.4 C(TY~	ST - ZIP					
TITLE				☐ DEFEJÉ	2.1 TITLE					☐ Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREE	1 ADDRE	ss	•			
CITY-ST-ZIP					2.4 CHY-	ST-7IP					
TITLE] DELETE	3.1 THTLE					☐ Change	Addition
NAME	1				3.2 NAME						
STREET ADDRESS					3.3 STREE	i addre	SS				
CITY-ST-ZIP					3.4. CITY -	ST-ZIP					
TITLE				☐ DELETE	4.1 TITLE					Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS	1				4.3 STREE	i addre	:SS				
CITY-ST-ZIP					4.4 CITY - :	S1-ZIP					
TITLE				DELETE	5.1 TITLE					☐ Change	D Addition
NAME					5.2 NAME		i				
STREET ADDRESS					5.3 STREE	T ADDRE	.ss	•			
CITY-ST-ZIP					5.4 CHY-	S1 - ZIP					
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	T ADDRE	ss		•		
CITY-ST-ZIP					6.4 CHY-	s A					
14. I do here	by certify that the	information sup	plied with this filing	does not qual	ify for the exe	inplic	on stated	in Section 119.07(3)(i), Florida Statuto my signature shall have the same log as required by Chapter 607, Florida S	s. I furthe	r certify that	the