

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P93000002497 (4)**  
1. Corporation Name  
**PHILLIPS MOVING, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>416 SW 9TH ST<br/>HALLANDALE FL 33009</b> | Mailing Address<br><b>416 SW 9TH ST<br/>HALLANDALE FL 33009</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |   |  |                                       |  |
|--|---|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>01/06/1993</b>                             |   | 4. FEI Number<br><b>65-0376843</b>   |                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 2. Principal Place of Business<br>21 <b>c/o sin tax services<br/>2039 Tyler St</b> | 2a. Mailing Address<br>26 <b>c/o sin tax services</b> | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |  |
| 22 <b>2039 Tyler street</b>  | 27 <b>2039 Tyler Street</b>                           | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |  |
| 23 <b>Hollywood FL</b>   | 28 <b>Hollywood, FL</b>                               | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |
| 24 <b>33020</b>  | 25 <b>Broward</b>                                     | 29 <b>33020</b>  | 30                                    |  |

9. Name and Address of Current Registered Agent  
**PHILLIPS, WENDELL J  
416 SW 9TH ST  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

|   |                          |
|---|--------------------------|
| B1 Name   |                          |
| B2 Street Address (P.O. Box Number is Not Acceptable) | <b>2039 Tyler Street</b> |
| B3  |                          |
| B4 City   | <b>Hollywood, FL</b>     |
| B5 Zip Code   | <b>FL 33020</b>          |

11. Pursuant to the provisions of Sections 607.002 and 607.508, 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 607.005, Florida Statutes.

SIGNATURE: *Wendell J. Phillips* DATE: **4/13/98**

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>PHILLIPS, WENDELL J</b> |                                 |
| STREET ADDRESS | <b>416 SW 9TH ST</b>       |                                 |
| CITY-ST-ZIP    | <b>HALLANDALE FL 33009</b> |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>2039 Tyler St.</b>  |
| 1.4 CITY-ST-ZIP    | <b>Hollywood, FL 33020</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 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    |  |

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.

SIGNATURE: *Wendell J. Phillips* DATE: **4/13/98** (954) 922-1903 (954) 421-4210

CR2E034 (10/97)