

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90092 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000080848**

1. Corporation Name  
**NORTH-SOUTH MOVERS, INC.**



|  |   |
|--|---|
| Principal Place of Business                  | Mailing Address                                 |
| 3037 GREENMOUNT RD<br>ORLANDO FL 32806<br>US | P. O. BOX 560348<br>ORLANDO FL 32856-0348<br>US |

DO NOT WRITE IN THIS SPACE

|   |                     |                     |                     |  |  |
|---|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified  |  |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 11/23/1993   |  |
| 22  | City & State        | 27                  | City & State        | 4. FEI Number  |  |
| 23  | Zip                 | 28                  | Country             | 59-3182673   |  |
| 24  | Country             | 29                  | Country             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 25  | Country             | 30                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| 9. Name and Address of Current Registered Agent |                     |                     |                     | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent         |  |  |  | 10. Name and Address of New Registered Agent |  |
| KEETON, ALICE<br>3037 GREENMOUNT RD<br>ORLANDO FL 32806 |  |  |  | 81   | Name   |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  |  |  | 83   |  |
|   |  |  |  | 84   | City   |
|   |  |  |  | 85   | Zip Code   |
|   |  |  |  | FL   |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KEETON, H.B.                    | 1.2 NAME  |   |
| STREET ADDRESS             | 3037 GREEN MOUNT RD.            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KEETON, ALICE                   | 2.2 NAME  |   |
| STREET ADDRESS             | 3723 S. FERN CREEK AVE.         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 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.

SIGNATURE: *[Signature]* **HONORARY SIGNATURE REQUIRED** 4-9-99 407.894.732  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)