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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

P93000086483 (3)

GOLDEN GLOVE MOVING & STORAGE, INC.

Principal Place of Business Mailing Address

3963A COCOPLUM CR. 3963A COCOPLUM CR.
COCONUT CREEK FL 33066 COCONUT CREEK FL 33066

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 95-2653439 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 25 30 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DELGARDO, JOHN 3963A COCOPLUM CR. 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33066** 83 City 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. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition DELGARDO, JOHN NAME 1.2 NAME STREET ADDRESS 3963-A COLCOPLUM CIR. 1.3 STREET ADDRESS **COCONUT CREEK FL 33063** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME DELGARDO, MICHELE 2.2 NAME STREET ADDRESS 3963-A COCOPLUM CIR. 2.3 STREET ADDRESS COCONUT CREEK FL 33063 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE: MUCKELE DEL HARROTTIREI

1/5/98 954-977-843

Change

Addition

CR2E034 (10/97)