

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035203 (6)

1. Corporation Name

GOLAN MOVING & STORAGE, INC.



Principal Place of Business

Mailing Address

1958 NE 151ST ST.
NORTH MIAMI BEACH FL 33162

2052 NE 153 ST
MIAMI FL 33162

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

10/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1958 NE 151ST

26 12864 Biscayne Blvd #103

4. FEI Number

65-0517201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 1958 NE 151ST

29 12864 Biscayne Blvd #103

25 FL

30 FL

26 33162

27 33181

28 US

29 FL

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHALAM, HAIM
2052 NE 153 ST
MIAMI FL 33162

81 Name

SHALAM Haim

82 Street Address (P.O. Box Number is Not Acceptable)

3603 ATLANTA ST

83

84 City

HOLLYWOOD

FL

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

DIRECTOR

Haim Shalam

5/2/96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHALAM, HAIM
STREET ADDRESS 2052 NE 153 ST
CITY-STATE-ZIP MIAMI FL 33162

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME TREASURER
13 STREET ADDRESS EVELYN QUILES
14 CITY-STATE-ZIP 2052 NE 153rd STREET
MIAMI, FL. 33162

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

5/2/96

DATE

605/9450901

DISPATCH NUMBER

CR2E034 (12/95)