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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035203 (6)

**GOLAN MOVING & STORAGE, INC.** 

Principal Place of Business Mailing Address 12864 BISCAYNE BLVD #103 1358 NE 151 ST NORTH MIAMI BEACH FL 33162 N MIAMI FL 33181-2007 3a. Date of Last Report 3. Date Incorporated or Qualified 05/09/1994 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0517201 21 Not Applicable 26 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 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAIM, SHALEM 3003 ATLANTA ST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33182 83 84 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 estered agest and blied approabl (NOTE Registered Apont signature regi ĎAD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE SHALAM, HAIM NAME 1.2 NAME 2052 NE 153 ST STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33162 CITY-ST-ZIP 🛣 DELETË Change Addition TITLE 2.1 THEF QUILES, EVELYN NAME 2052 NE 153RD ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-S1-703 DELETE Change Addition TITLE 3 1 10 11 NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-51-26 TT DELETÉ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. I do 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 eath, 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 with an address appears in Block 12 or Block 13 if changed, or on an attachmen

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May 07 1997 8:00am

Secretary of State