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

Mailing Address

5901 PALM TRACE LANDING DR

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000039057

1. Corporation Name

Principal Place of Business

5901 PALM TRACE LANDING DR

ROLAND & SON MOVING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90138 050 ***158.75



DAVIE FL 33314	4 DAVIE FL 33314			DO NOT WRITE IN THIS SPACE	
US		US		3. Date Ir corporated or Qualifed	
				05/24/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /03 S	5.W. 119 WAY	26 /035 S·uJ· Suite, Apt. #, etc.	119 WAY	65-0492878	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & S at	e E/	City & State		6. Election Campaign Financing	\$5.00 May Be
23 DAL	ic FIA	28 DAVIC	FIA	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24 3332	25 BROWARD		BROWARD	Personal Property Tax. 10. Name and Address of New Registered	Yes 170
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name (2) 1 () () () () () () () () ()					
ROBBINS & LANDING P.A.				obbins + rangino	<u>P.H.</u>
82 Street Add				dress (P.O. Box Number is Not Acceptable)	
SUITE 305 83 22 2 Sou:				Southeast 10th ST.	
	AUDERDALE FL 33309				
			84 City F1	LAUder dale FL	85 Zip Code . 333/6
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named conordion submits this statement for the purpose of changing its registered					
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida. Such change was auth	orized by the corporat	tion's board of directors. I hereby accept the appoint	ntment as registered
SIGNATURE					
	Signature, typed or printed nar ie of registered agent		gistered Agent signature requ		ID DIFFECTORS IN 42
12.	OFFICERS AND	DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICERS /	Change Addition
TITLE	DPST POLINI	□ nere+e	1.1 TITLE	PST	The state of
NAME	ROLAND, JOHN	ADT 407	1.2 NAME 1.3 STREET ADDRESS	KOLANO JOKO	
STREET ADDRESS	5901 PALM TRACE LANDING DE DAVIE FL 33314	1, API 107	13 STREET ADDRESS	RULAND JUHN RULAND JUHN 1035 S.W. 119 WAY DAVIE, F/ 33325	
CITY-ST-ZIP TITLE	DAVIE PL 33314		14 CITY-ST-ZIP \$	SAUTE, 17 333355	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			44 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 6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.2 NAME		☐ 2-lange ☐ Viginoii
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.3 STREET ADDRESS		

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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4-26-99