	W: FILING FEE					1			
	CORPORATION FLORIDA DEPARTME ANNUAL REPORT Sandra B <sub>0</sub> Mor				STATE				
			Secretary of State						
	1996 DIVISION OF CORPO			ATK	ONS				
DOCUM	<b> ENT</b> # <sub>P9500060</sub>	654							
1. Corporation N	ame								
					-				
MONTT MOV	ING & STORAGE, IN	CFLORIDA	y						
Principal Place of Business Mailing Address						}			
C/O MONTI MOVING & STORAGE, INC.						DO NOT WE!	TE IN THIS SPA	ICE	
925 BERGEN STREET						3. Date Incorporated or Qualified			port
BROOKLYN, N.Y. 11238						08/07/95	ļ		
2. Principal Place	e of Business	2a. Mailing Address	<del></del> -			4. FEI Number		$\vdash$	opplied For lot Applicable
21 * * * SAME Suite, Apt. #, 4			26 ***SAME AS ABOVE Suite, Apt # etc.			65-0606928			Additional
22	• IC.	27				5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be ed to Fees
Zip	Country	Zip	Cou	untry	,	8. This corporation has liability for	or intangible tax		
24	25	20	30				ıs X No		
	9. Name and Address of Curi	rent Registered Agent		81	Name	10. Name and Address of New R	egistered Age	nt	
CSC NETWORKS						(C.C. D. W. Leals Not Asses	table)		
1201 HAYS STREET				82	Street Addr	ess (P.O. Box Number is Not Accep	(ADIO)		
TALLAHASSEE, FL 32301				83					
				84	City		FL	85 Zij	p Code
11 Pursuant to th	e provisions of Sections 607.05	02 and 607.1508 Florida State	utes, the at	0049	-named corps	pration submits this statement for th	e purpose of ch	anging	its registered
office or regis	stered agent, or both, in the Stat	e of Florida. Such change was	s authorize	d by	the corporati	on's board of directors. I hereby acc	ept the appoint	ment a	e registered
L SIGNALUK 6	miliar with and coopt the obtin					Agent signature required when reinstating	n DA1	E.	
12.	Signature, typed or printed name of r OFFICERS	AND DIRECTORS		13		ADDITIONS/CHANGES TO O	FFICERS AND	DIREC	TORS IN 12
	PRESIDENT				TITLE		Cha	inge	Addition
1.3 NAME 1.3 STREET ADDRESS	MONTIANO ASCANIO				NAME STREET ADDRES	s			
1.4 CITY-ST-ZIP	17 CONTINENTAL D WEST NYACK, N.Y.				CITY-ST-ZIP				
2.1 TITLE	VICE-PRESIDENT	1000			TITLE		Cha	ruge	Addition
2.2 NAME 2.3 STREET ADDRESS	TRINIDAD ASCANIO				NAME STREET ADDRES				
2.4 City-ST-ZIP	II. CONTINENTAL D				CITY-ST-ZIP				
3.1 TITLE	WEST NYACK, N.Y.	10994		3.1	TITLE		Cha	inge	Addition
3.2 KAME				•	NAME STREET ADDRES	ie	_		
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	]				CITY-ST-ZIP	~			
4.1 TILE				4.1	TITLE		Cha	Ange	Addition
4.2 NAME					NAME			•	_
4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					STREET ADDRES CITY-ST-ZIP		30853	33	
S.1 TITLE				5.1	TITLE	-05/06/96-0 ***200.00	<del>!U-1</del> 1.0cm ∏cm	4	Addition
5.2 NAME				•	NAME		□	ye	
5.9 STREET ADDRESS 5.4 CITY-ST-ZIP	S				STREET ADDRES	SS			
S. TOTLE					TITLE				1
8.2 NAME					NAME		Chi	ange	Addition
6.3 STREET ADDRESS	s				STREET ADDRES	55			NO 1
0.4 CITY-ST-ZIP				1				3 51 1	<u> </u>
further certif	fy that the information indicated	on this annual report or suppl	lemental ar	RUR	I report is true	alify for the exemption stated in Sec and accurate and that my signatur	e shall have the	BAMB	юдан өптөст аз і
Topodo undo	r oath; that I am an officer or dir r name appears in Block 12 or B	actor of the corporation or the	receiver or	r trus	stee empowel	red to execute this report as require	d by Chapter 60	i7, Flori	ida Statutes;
SIGNAT		aftern la	2 -2	, "		21.1.	- 1714	3/6	38 Run
		TYPED OR PRINTED NAME OF	SIGNING OF	FICE				lytime Pl	hone#

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