

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
 Apr 03 1996 8:00 am
 Secretary of State

DOCUMENT # **P95000061813 (8)**

1. Corporation Name
MIRACLE MOVERS, INC.



Principal Place of Business: **4801 NE 12TH AVE FT LAUDERDALE FL 33139**
 Mailing Address: **4801 NE 12TH AVE FT LAUDERDALE FL 33139**

| | | | | | | | | | |
|--------------------------------|----|---------|----|----|---------------------|----|---------|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip | | Country | | | Zip | | Country | | |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Created 08/09/1995 | 3a. Date of Last Report |
| 4. FID Number 65-0600228 | Applied For Not Applicable |
| 5. Certificate of Status Disclosed <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has adopted the intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SAMMARCO, VINCENT T
 1000 N HIATUS RD, SUITE 140
 PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
 81 Name: **MARVIN SIEGEL**
 82 Street Address (P.O. Box Number is Not Acceptable): **4801 NE 12TH AVE**
 83 City: **FT. LAUDERDALE** FL 85 Zip Code: **33334**

11. Pursuant to the provisions of Section 607.0902 and 607.1502, 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 607.0902, Florida Statutes.

SIGNATURE: **MARVIN SIEGEL** *M. Siegel Pres.*

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|------|----------------|-------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|---------|-------------------|----------------|----------|---------|-------------------|----------------|----------|---------|---|----------------|----------|---------|-------------------|----------------|----------|---------|-------------------|----------------|
| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | 15 TITLE | 16 NAME | 17 STREET ADDRESS | 18 CITY-ST-ZIP | 19 TITLE | 20 NAME | 21 STREET ADDRESS | 22 CITY-ST-ZIP | 23 TITLE | 24 NAME | 25 STREET ADDRESS | 26 CITY-ST-ZIP | 27 TITLE | 28 NAME | 29 STREET ADDRESS | 30 CITY-ST-ZIP |
| PRESIDENT | | | | | | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | |
| MARVIN SIEGEL | | | | | | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | |
| 4801 NE 12TH AVE | | | | | | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | |
| FT. LAUD. FL 33334 | | | | | | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | |

14. I do hereby certify that the information supplied with this filing is valid and true and does not contain any false or deceptive information as stated in Section 190.032, 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, and that I am authorized 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 on an attachment with an affidavit.

SIGNATURE: **MARVIN SIEGEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 305 976 5034

CR2E034 (12/95)