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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061813

A CORPORATION NAME	_
MIRACLE MOVERS, INC.	<i>:</i>
Principal Place of Business	Mailing Address
4801 NE 12TH AVE	4801 NE 12TH AVE
FT LAUDERDALE FL 33334	. FT LAUDERDALE FL 33334
· ·	
2. Principal Place of Business	2a, Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & Ctata

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90041 043 ***150.00

4801 NE 12TH		Mailing Address					
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	TE III TIIO OF AGE	
		***			08/09/1995		
	Place of Business	2a. Mailing Addres	s		4. FEI Number		Applied For
Suite, Apt	t # oto	26			65-0600228		Not Applicable
22		Suite, Apt. #, et	<u> </u>		5. Certifcate of Status Desired		Additional Required
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24 .	Country 25	Zip		untry	8. This corporation owes the curre	ent year Intangible	
· ·	9. Name and Address of Curre	29	30	1	Personal Property Tax. 10. Name and Address of New R	☐ Yes	□No
	17 2 2 2 2 3 4			81 Name	IV. Name and Address of New R	egistered Agent	
	GEL, MARVIN			20 0 11			
	1 NE 12TH AVE.			82 Street Add	fress (P.O. Box Number is Not Accepta	ble)	
FI.	LAUDERDALE FL 33334			83	· 通過	THE SERVICE	
	• • • • • • •			84 City			
		10.00			•		Code
		ations of, Section 607.050	was authorize 5, Florida Stat	u by the corporati lutes.	poration submits this statement for the poor in the po	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	d by the corporati tutes.	ed when reinstating)): 10005 ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agr	ations of, Section 607.050	(NOTE: Registered	D by the corporati tutes. Agent signature require	ion's board of directors. I hereby accept ed when reinstating); মুড়ানু	the appointment as	ORS IN 12
SIGNATURE 12. TITLE VAME	Signature, typed or printed name of registered age OFFICERS A P SIEGEL, MARVIN	ent and title if applicable. ND DIRECTORS	(NOTE: Registered 13. TE 1.1 TI 1.2 No	d Agent signature require	ed when reinstating)): 10005 ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: