

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # *P96000009994*
A-I CAR MOVERS INC.

Principal Place of Business: *2200 NORTH 30 ROAD HOLLYWOOD, FL 33021*
Mailing Address: *2200 NORTH 30 ROAD HOLLYWOOD, FL 33021*

1. Principal Place of Business: *2200 NORTH 30 ROAD HOLLYWOOD, FL 33021*
2a. Mailing Address: *2200 NORTH 30 ROAD HOLLYWOOD, FL 33021*
2. Suits, Apt. #, etc.:
3. City & State:
4. Zip: *33021* Country:
5. Zip: *33021* Country:

3. Date Incorporated or Qualified: *1-29-96*
3a. Date of Last Report:
4. FEI Number: *65-0639729*
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William Hoffer
2200 NORTH 30 ROAD
HOLLYWOOD, FL 33021

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: *FL* 85. Zip Code:

I, Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when effecting change)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: *D*
1.2 NAME: *William Hoffer*
1.3 STREET ADDRESS: *2200 NORTH 30 ROAD*
1.4 CITY-ST-ZIP: *HOLLYWOOD, FL 33021*
2.1 TITLE: *D*
2.2 NAME: *BARBARA EPEL*
2.3 STREET ADDRESS: *2200 NORTH 30 ROAD*
2.4 CITY-ST-ZIP: *HOLLYWOOD, FL 33021*
3.1 TITLE: *D*
3.2 NAME: *DAUL HOFFER*
3.3 STREET ADDRESS: *2200 NORTH 30 ROAD*
3.4 CITY-ST-ZIP: *HOLLYWOOD, FL 33021*

4.1 TITLE: *400002182464*
4.2 NAME: *-05/19/97--01030--013*
4.3 STREET ADDRESS: ****165.00*
4.4 CITY-ST-ZIP: *FL 33021*

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

William Hoffer
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-30-97

Printing Name:

0330680