

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009994(0)

1. Corporation Name

A-1 CAR MOVERS, INC.

Principal Place of Business

Mailing Address

2200 N. 30TH RD
HOLLYWOOD, FL 33021

2200 N. 30TH Rd
Hollywood, FL
33021

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc
22 City & State
23 Zip Country
24

26 Suite, Apt #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

HOFFER, WILLIAM
2200 N. 30TH Road
HOLLYWOOD, FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title, if applicable

(NOTE: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
12 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
13 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
14 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
15 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
17 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
18 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
19 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
20 TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

00000000000000000000
-07/13/99--01031--011
****558.75 ****558.75

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SP

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: BARBARA EPEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/25/99 (954) 963-7003
Daytime Phone #

CR2E034 (11/98)