


**FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00**

FILED  
Mar 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moore</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000020073 (8)</b> 1. Corporation Name <b>BOCA DELRAY MOVING &amp; STORAGE, INC.</b>			
Principal Place of Business <b>722 N.E. 1ST COURT</b> <b>DELRAY BEACH FL 33483</b>		Mailing Address <b>722 N.E. 1ST COURT</b> <b>DELRAY BEACH FL 33483-5410</b>	
2. Principal Place of Business 21 <b>722 N.E. 1ST COURT</b> Suite, Apt. #, etc. 22 City & State: 23 Zip 24		2a. Mailing Address 26 <b>DELRAY BEACH FLA</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29	
9. Name and Address of Current Registered Agent <b>DASVENPORT, JAMES E</b> <b>722 N.E. 1ST COURT</b> <b>DELRAY BEACH FL 33483</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent in accordance with, and accepted the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>James E. Dasvenport</i> (NO E. Registered Agent signature required)		81 Name 82 Street Address 83 84 City	
<b>OFFICERS AND DIRECTORS</b>			
12. <b>PRESIDENT</b> <b>JAMES DASVENPORT</b> <b>722 N.E. 1ST COURT</b> <b>DELRAY BEACH FL 33483</b> <b>SELY TREAS</b> <b>MARIE DASVENPORT</b> <b>AS ABOVE</b>		1. <input type="checkbox"/> DELETE 1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY - ST - ZIP 2. <input type="checkbox"/> DELETE 2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY - ST - ZIP 3. <input type="checkbox"/> DELETE 3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY - ST - ZIP 4. <input type="checkbox"/> DELETE 4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY - ST - ZIP 5. <input type="checkbox"/> DELETE 5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY - ST - ZIP 6. <input type="checkbox"/> DELETE 6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, changed, or on an attachment with an address.			
SIGNATURE: <i>James E. Dasvenport</i> SIGNATURE AND TYPE/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

<b>3. Date Incorporated or Qualified</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">03/05/1996</div>	<b>3a. Date of Last Report</b> <div style="border: 1px solid black; height: 20px;"></div>
<b>4. FEI Number</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">65-0658419</div>	<div style="border: 1px solid black; padding: 2px;">Applied For</div> <div style="border: 1px solid black; padding: 2px;">Not Applicable</div>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>10. Name and Address of New Registered Agent</b> <div style="border: 1px solid black; height: 40px;"></div>	
(P.O. Box Number is Not Acceptable)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85</div> Zip Code
Corporation submits this statement for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent.	
<b>3-19-97</b>	
(Date when reinstating) (DATE)	
<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SPELLING ERROR ABOVE	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
In Section 119.07(3)(i), Florida Statutes, I further certify that the signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name	
<div style="display: flex; justify-content: space-between;"> <span>3-19-97</span> <span>66-268466</span> </div>	

CR2E034 (9/96)