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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000023131 (1)

1. Corporation Name

DANIEL MOVING SYSTEMS, INC.

Principal Place of Business

4675 PONCE DE LEON BLVD., STE. 305
CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD., STE. 305
CORAL GABLES FL 33146-2113

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 5600 NW 32nd Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 5600 NW 32nd Ave
Suite, Apt. #, etc.

4. FEI Number

65-0654894

Applied For

Not Applicable

22 City & State

23 Miami FL

27 City & State

28 Miami FL

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

24 33142

Country

29 33142

Zip

Country

9. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., STE. 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name Phillip M Daniel
82 Street Address (P.O. Box Number is Not Acceptable)
5600 NW 32nd Ave
83
84 City Miami FL 85 Zip Code 33142

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

Phillip M Daniel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	STINSON, LOUIS JR.	4675 PONCE DE LEON BLVD., STE. 305	CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Phillip M Daniel	5600 NW 32 nd Ave	Miami FL 33142	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
V	Brad C Daniel	5600 NW 32 nd Ave	Miami FL 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Calvin R Daniel	5600 NW 32 nd Ave	Miami FL 33142	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *Phillip M Daniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

DATE

404-305-1940

Daytime Phone #

0204392

CR2E034 (9/96)