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Apr 22 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 # H96000004194

1. Corporation Name

MEN ON THE MOVE STORAGE WAREHOUSES OF
FLORIDA, INC.

Principal Place of Business

Mailing Address

607 TRIUMPH COURT, SUITE 5
ORLANDO, FL 32805

3. Date Incorporated or Qualified

3/21/96

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAROLD WEISSMAN, ESQUIRE
1776 PINE ISLAND ROAD, SUITE 118
PLANTATION, FL 33322

81 Name

Todd M. Hoyer

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

250 N. Orange Avenue

83

Suite 1700

84 City

Orlando

FL

85 Zip Code

32801

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

Todd M. Hoyer

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

VP + D

☐ Change ☒ Addition

1.2 NAME

LOUIS MANZELLA

1.3 STREET ADDRESS

613 HIBISCUS DRIVE

1.4 CITY, ST, ZIP

HALLENDALE, FL 33009

2.1 TITLE

P + D

☐ Change ☒ Addition

2.2 NAME

JOSEPH MANZELLA

2.3 STREET ADDRESS

607 TRIUMPH CT, SUITE 5

2.4 CITY, ST, ZIP

ORLANDO, FL 32805

3.1 TITLE

S + T + D

☐ Change ☒ Addition

3.2 NAME

JANE MANZELLA

3.3 STREET ADDRESS

4000 NE 168 ST, APT 109

3.4 CITY, ST, ZIP

NORTH MIAMI BEACH, FL 33160

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

400002152874

-04/24/97--01002--025

***165.00

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH MANZELLA, PRES + DIR.

4-17-97

Date

Daytime Phone

CR2E034 (9/96)