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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050772 (8)

UNITED STATES MOVING & STORAGE, INC.

Principal Place of Business

Lanuari officer or director of tappears in Block 12 or Block

SIGNATURE:

Mailing Address

APPROVEU

97 MAR -3 AM 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

316-1200

4880 SOUTH WEST 64TH AVENUE SUITE #443 DAVIE FL 33314		4680 SOUTH WEST 64TH AVENUE Suite #443 Davie Fl 33314-4427									
						<ol> <li>Date Incorporated or Qualified 06/14/1996</li> </ol>			3a. Date of Last Report		
	lace of Business	2a. Mailing Address		.+	4. FEI Numb	per C 001	(m)_ A	Ar	oplied For	_	
	9 South 30 ave	26 1209 Sou	14H S	<u>o</u> ave		9 PPI 160	FOR	No.	ot Applicable		
Suite, Apt 22 <b>S</b> u	rile D	Suite, Apt. #, etc.			5. Certificat	e of Status Desired	\$8.75 Additional Fee Required				
City & State	lywoo Fl	City & State  28 Hollywoo F1				Campaign Financing d Contribution	\$5.00 May Be Added to Fees				
24 Zip 24 330	20 25 USA	29 <b>330</b>	Cou	JS A	8. This corp Florida St	oration has liability fo		ax under s No	. 199.032,		
	9. Name and Address of Current	Registered Agent		B1 Name	10. Name an	d Address of New F	tegistered Ag	jent			
MANNINO, MICHAEL					MICHAE	1 May	WINL	0		ŀ	
4680 SOUTH WEST 64TH AVENUE				82 Street	Address (P.O. Box N	umber is Not Accept	able) .	······································	D	1	
	TE #443		-	83		+-	<u> </u>	ii le	U	4	
DAV	7E FL 33314			1 <i>9</i>	09 Sout	H 30, (	JUENU	LE			
				84 City	allvuma		FL	· ····	Code		
11. Pursuanti	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	ites, the ab	ove named	corpora on cubmite	this statement for the		hanging it	s registered	┨.	
office or n agent. La	eastarean aleur all nan na the State III	Tlorida, Such chango was	authorized	by the corp	poration's board of di	rectors. I hereby acc	ept the appoi	ntment as	registered		
SIGNATURE		T WW.	MIC		MANNINO		2/2	5 lg-	7		
SIGNATORE	Signature Typest or printed name of region is Jugara	and the if applicable (NO			required when reinstating)	<del></del>	DATE	<del>- 1 1</del>	<i>I</i>		
12.	OF FICERS AND		13.		ADDITION:	S/CHANGES TO OFF				୍ରିଷ	
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NAMÉ GARGE E LEGIS CO			6.2 NA	ME				18/1	2/97		
A COLL LADOR DUCCO											

14. I do heretry 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 and cated 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 collocation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name