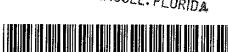
98 OCT 16 PM 4: 05



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# 1. Corporation Name

P96000055520 (6)

HOUSEHOLD MOVING SERVICES OF BROWARD, INC.

Principal	Place	of	Business

1700 S.W. 67TH AVENUE PLANTATION FL 33317

Mailing Address

1700 S.W. 67TH AVENUE PLANTATION FL 33317

							3. Date Incorporated or Qualified 06/27/1996		
2.	Principal Place of Busin	ness	2a. Mailing Address	•			4. FEI Number		Applied For
21			26				65-0693541	Γ	Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, et	c.			5. Certificate of Status Desired		.75 Additional ee Required
City & State City & State 28			6. Election Campaign Financing Trust Fund Contribution			5.00 May Be			
24		Country 25	Zip 29	Zip Cou			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Registered Agent				
MUIR, JAMES M 1700 S.W. 67TH AVENUE			81	Name					
PLANTATION FL 33317			82	82 Street Address (P.O. Box Number is Not Acceptable)					
					83				
					84	City	***	05	Zin Coda

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 of 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		ature required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1.1 TITLE	Change Addition	
NAME	MUIR, JAMES M		1.2 NAME		
STREET ADDRESS	1900 S.W. 67TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	400026672242 -10/19/9801114084 *****750.00	
TITLE		DELETE	2.1 TITLE :	-10/13/38 - 11/14 - 11/	
NAME			2.2 NAME	**** (20,000)	
STREET ADDRESS			2.3 STREET ADDRESS	;	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME		_	5.2 NAME	1	
STREET ADDRESS			5.3 STREET ADDRESS	1/0.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1 10/10/12	
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME		-	6.2 NAME)	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 expectation 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 anadders.

SIGNATURE: