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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085468 (2)

ALL IN THE FAMILY MOVING & STORAGE OF ORLANDO, I

FILED May 12 1998 8:00am Secretary of State



NO.								
Principal Place	of Business	Mailing Add	Iress					212 2110: 121 / 123 /
6805 STUART JACKSONVILI	t lane south Le FL 32205		6805-1 STUART LANE SOUTH JACKSONVILLE FL 32205 US			DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualified 10/16/1996		
2. Principal P	ace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				59-3446045		Not Applicable
Suite, Apt.		27	ot #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	9	City & S	late			 Election Campaign Financing Trust Fund Contribution 		.00 May Be ded to Fees
Zip	Country	Zip			· · · · · · · · · · · · · · · · · · ·	8. This corporation owes or has paid the current year Intangible		
24	25					Personal Property Tax due June		□ No
	9. Name and Address of Cui	rrent Registered Ag	ent			10. Name and Address of New Re	glatered Agent	
SA	ifer, eliot j			81	Name			
	74 WOODCOCK DRIVE NTE 100				Street Add	ess (P.O. Box Number is Not Acceptable)		
	CKSONVILLE FL 32207			83				
				84	City		FL 85	Zip Code
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	Signature, typed or printed name of registerer	speni and tile il applicable	(NOIE I	Registered Age	nt skooakure rapu	pired when reinstating)	DATE	
12.		AND DIRECTORS	1,12,12	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	I	DELETE	1.1 TITLE			☐ Cha	nge Addition
NAME	MASSARO, FRED			1.2 NAME				l:
STREET ADDRESS	1801 SW 67TH AVENUE			1.3 STREET	ADDRESS			li
CITY-ST-ZIP	PLANTATION FL 33317			1.4 CITY-S	T-ZIP			
TITLE	D		DELETE	2.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	HOROWITZ, YVONNE			2.2 NAME				
STREET ADDRESS	6805 STUART LANE SOU			2.3 STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32205			2.4 CITY-5	ST-ZIP			
TITLE		i	DELETE	3.1 TITLE	٠ ا		☐ Cha	nge 🔲 Addition 📗
NAME				3.2 NAME				ļ
STREET ADDRESS				3.3 STREET				ļ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Lociete	3.4. CITY - 8	ST-ZIP		Cha	nge Addition
TITLE		L	DELETE	4.1 TITLE			Cria	INDO LI POURIURI
NAME				4. 2 NAME	4000000			ļ
STREET ADDRESS				4.3 STREET				1
CITY-ST-ZIP			DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP		☐ Cha	nge Addition
TITLE		ı		5.1 THEE				ngo
NAME OTREET ADDRESS				5.2 NAME 5.3 STREET	ADDOCCC			
STREET ADDRESS				5.4 CITY - S				
CITY-ST-ZIP TITLE			_ DELETE	5.4 CHY-S 6.1 TITLE	1-217		☐ Cha	nge Addition
NAME		•		6.2 NAME				
STREET ADDRESS				6.9 STREET	ADORESS			ļ
CITY-ST-ZIP				6.4 CITY-S				
14. I hereby	certify that the information supplie	d with this filing does	not qualify for	the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I	further certify tha	t the information
indiantad	as this assural report or supplied	antal application contin	true and accus	oto and th	at mu cianat	ura engli nava tha cama lanal affact ac il	mede under net	n matiam an I

niuncated on this entriuer report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am ar 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 attactiment with an address.

904-726-2020