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Mar 13 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 # P96000103361 (7)

1. Corporation Name
PRODUCTIVE MOVERS, INC.



Principal Place of Business Mailing Address
13985 NW 19TH AVENUE MIAMI FL 33054 **13985 NW 19TH AVENUE MIAMI FL 33054-4109**

3. Date Incorporated or Qualified **12/24/1996** 3a. Date of Last Report
 4. FEI Number **65-0722645** Applied For / Not Applicable
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
GANT, FRANK JR
13985 NW 19TH AVENUE
MIAMI FL 33054

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GANT, FRANK JR	1.1 TITLE	
NAME	1245 NE 203RD STREET	1.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33179	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD OCHIPA, VALERIE	2.1 TITLE	OCHIPA, VALERIE
NAME	1245 NE 203RD STREET	2.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33179	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD COWHEARD, NIKKI	3.1 TITLE	
NAME	1091 NE 210 TERRACE	3.2 NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33179	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD GANT, ALLISON	4.1 TITLE	TD
NAME	1091 NE 210 TERRACE	4.2 NAME	OCHIPA, BRAWOY
STREET ADDRESS	NORTH MIAMI BEACH FL 33179	4.3 STREET ADDRESS	1245 N.E. 203 St
CITY - ST - ZIP		4.4 CITY - ST - ZIP	North Miami Beach, FL 33179
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	700002113867
STREET ADDRESS		6.3 STREET ADDRESS	-03/14/97--01005--008
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***173.75

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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: *Frank Gant Jr.* FRANK GANT JR. 3-7-97 (305) 688-8440
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0002103

CR2E034 (9/96)