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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000055312

SAFE MOVERS, INC.

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90017 011 \*\*\*150.00



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Principal Place of Business		Mailing Address						
3702 SOUTH CONWAY ROAD ORLANDO FL 32812		3702 SOUTH CONWAY ROAD ORLANDO FL 32812			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed			
					06/20/1997			٠
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
24 ) (III)OIPOI	<b>200 0. 2 0.</b>	26			65-0761914	Not	Applicable	į.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		,
22		27	<u></u>		3. Certificate of Status Desired	Fee Rec	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	,	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	_ Cou	ntry	8. This corporation owes the current year i			
24		29	30		Personal Property Tax.		No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	1 Agent		
				81 Name	•			
	MANIE, RONALD A			82 Street Add	dress (P.O. Box Number is Not Acceptable)			•
	SOUTH CONWAY ROAD					21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<del>स्थान है। इंग्लि</del>	
ORL	ANDO FL 32812			83		बीर विद्वार		
				84 City		85 Zip C	ode	
					rporation submits this statement for the purpose	<u> </u>		
. CC	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	da Stati	ites.	uona board of directors. Thoroby desert the app	omment as reg		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12	ä
12.	OFFICERS AND DIRECTORS  Delete		13.	n.e.	ADDITIONS/CHANGES TO CHITOLING	Change	Addition	(11/98)
TITLE	D					_ ,	_	-
NAME	DARMANIE, MICHAEL V		1.2 N/			• •	,	<u>ا</u> د
STREET ADDRESS	3702 SOUTH CONWAY ROAD			REET ADDRESS				្ត្រ
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TITLE	D	☐ DEFEIG						ı
NAME	DARMANIE, RONALD A		2.2 Ņ	!				ĺ
STREET ADDRESS	3702 SOUTH CONWAY ROAD			REET ADDRESS				ĺ
CITY-ST-ZIP	ORLANDO FL 32812	☐ DELETE	2.4 C	ITY-ST-ZIP		☐ Change	Addition	
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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 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 of op an altachment with an address, with all other like empowered.

SIGNATURE: