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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000058313 (2)

MOVE-IT, INC.					
	·			E KROKINTE JIN JAHAR HABIH BUHH NUTIH NOTHI NOTHI NOTHI	<u> </u>
Principal Piac	ce of Business	Mailing Address			ALIGN TRIBA TURN TO PAR TURN TO ST
400 N.E. 28TH TERRACE					
BOOK RATON PE 33431 BOOK RATON PE 33431				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				07/01/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			
23		<u></u> 1 ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
BA	KER, JOHN JR		81 Name		
400 N.E. 28TH TERRACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431			5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			83		
			84 City		85 Zip Code
•	·				L
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.					
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Ft	orida Statutes.	anon's board of anodors. Thereby goodprine	appointment do registered
SIGNATURE			THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS		
	Signature, typod or prioli diname of registered ap	ont and fille if applicable (NOT D.DIRECTORS	Registored Agent signature requ  13.	_ADDITIONS/CHANGES TO OFFICERS A	
12.	OF FIGURE ALL	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME				Wan B. Baker	
STREET ADDRESS			1.3 STREET ADDRESS 4	Usan B. Baker 100 N.E. 28 Ferrac	و
CITY-ST-ZIP				soca Raton FL. 3	3431
TITLE		DELETE	2.1 TITLE	330.11	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY+ST-ZIP		
TITLE		☐ DELĒTE	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	41 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TIFLE		☐ Change ☐ Addition
NAME	İ		5.2 NAME		\(\lambda\)
STREET ADDRESS			5.3 STREET ADDRESS		コタルター
CITY-ST-ZIP		Doctor	5.4 CiTY-ST-ZiP		Channa Addition
TITLE	}	L_) DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	9000025286 -05/19/9801046	359
STREET ADDRESS			6.3 STREET ADDRESS	-05/19/9801046	nna i

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Porioa 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. 1281 1998

6.4 CITY - ST - ZIP