

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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063183 (2)

1. Corporation Name

POINT TO POINT VAN LINES MOVING & STORAGE INC

Principal Place of Business

3120 NW 122 AVE
SUNRISE FL 33323

Mailing Address

3120 NW 122 AVE
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1801-B NW 38TH AVENUE Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL Zip 24 33311	2a. Mailing Address 26 1801-B NW 38TH AVENUE Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE, FL Zip 29 33311
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3. Date Incorporated or Qualified 07/22/1997	4. FEI Number 65-077-1748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MOSHKOVITZ, RAFFAEL
3120 NW 122 AVE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	MOSHKOVITZ, RAFFAEL 1801-B NW 38TH AVENUE FT. LAUDERDALE FL 33311
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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 MOSHKOVITZ, RAFFAEL (President)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

MAR 12/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P
NAME	MOSHKOVITZ, RAFFAEL	1.2 NAME	MOSHKOVITZ, RAFFAEL
STREET ADDRESS	3120 NW 122 AVE	1.3 STREET ADDRESS	1801-B NW 38TH AVENUE
CITY-ST-ZIP	SUNRISE FL 33323	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D	2.1 TITLE	D, S
NAME	MOSHKOVITZ, KAREN	2.2 NAME	MOSHKOVITZ, KAREN
STREET ADDRESS	3120 NW 122 AVE	2.3 STREET ADDRESS	1801-B NW 38TH AVENUE
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE		3.1 TITLE	D, VP
NAME		3.2 NAME	VAKNIN, MEIR
STREET ADDRESS		3.3 STREET ADDRESS	1801-B NW 38TH AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE		4.1 TITLE	D, T
NAME		4.2 NAME	VAKNIN, HELENE
STREET ADDRESS		4.3 STREET ADDRESS	1801-B NW 38TH AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
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	
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 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: MOSHKOVITZ, RAFFAEL (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283737

954-731-3332

CR2E034 (10/97)