

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90017 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063183

1. Corporation Name
POINT TO POINT VAN LINES MOVING & STORAGE INC



Principal Place of Business 1380-C NW 65 AVENUE PLANTATION FL 33313 US	Mailing Address 1380-C NW 65 AVENUE PLANTATION FL 33313 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1380 NW 65TH AVENUE Suite, Apt. #, etc. 22 BAY C City & State 23 PLANTATION, FL Zip 24 33313 Country 25 BROWARD		2a. Mailing Address 26 1380 NW 65TH AVENUE Suite, Apt. #, etc. 27 BAY C City & State 28 PLANTATION, FL Zip 29 33313 Country 30 BROWARD		3. Date Incorporated or Qualified 07/22/1997	
4. FEI Number 65-0771748		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		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEHUDA, YORAM 1842 DIXIANA STREET- HOLLYWOOD FL 33020 7801 Nutmeg Way Tamarac, FL 33321		81 Name YEHUDA, YORAM
		82 Street Address (P.O. Box Number is Not Acceptable) 7801 Nutmeg Way
		83
		84 City Tamarac
		85 Zip Code FL 33321

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 **YORAM YEHUDA** *Yoram J* **1-26-99**
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	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHKOVITZ, RAFFAEL	1.2 NAME	
STREET ADDRESS	3120 NW 122 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHKOVITZ, KAREN	2.2 NAME	
STREET ADDRESS	3120 NW 122 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEHUDA, YORAM	3.2 NAME	Yehuda, Yoram
STREET ADDRESS	1842 DIXIANA STREET	3.3 STREET ADDRESS	7801 Nutmeg Way
CITY-ST-ZIP	HOLLYWOOD FL 33323	3.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **YORAM YEHUDA** *Yoram J* **1-26-99** (954) 731-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)