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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102664 (4)

NATIONWIDE MOVERS, INC.

Principal Place of Business	
1600 S. OCEAN DRIVE APT. 9A HOLLYWOOD FL 33019	

Mailing Address

1600 S. OCEAN DRIVE APT. NA

FILED Feb 06 1998 8:00am Secretary of State



HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1997 2a. Mailing Address 4. FEL Number 2. Principal Place of Business Applied For 65-0798300 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 81 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 83 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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, typod or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition TITLE 1.1 10116 ESHET, JOSEF 1.2 NAME NAME 1600 S. OCEAN DRIVE, APT. 9A STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 1.4 CHY-S1-76 DELETE Change Addition TITLE 2.1 THUE ESHET, NICHOLE 2.2 NAME NAME 1600 S. OCEAN DRIVE, APT. 9A 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CHTY-ST-ZIF 2.4 C(1Y - S1 - ZIP DELETE Addition Change TITLE 31 TITLE NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34. DITY-ST-ZIP Driete Change Addition TITLE 41 THUE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TETLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DILETE Change Addition TITLE 61 1IJLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

CICNATHDE: