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

## Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** P97000106724 (2) DOCUMENT # SUNSET MOVING & STORAGE, INC. Principal Place of Business Mailing Address 111 U.S. HWY 1, ROCKLAND KEY 111 U.S. HWY 1, ROCKLAND KEY KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2. Principal Place of Business 2a. Mailing Address FEI Nymber Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Z<sub>i</sub>p Country 200 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELLIS, JUDITH** 111 U.S. HWY 1, ROCKLAND KEY **B2** Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 Zip Code 11. Persuant 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 Signature, typed or printed himse of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D - PRESIDENT DELETE 1,1 TITLE Change Addition TITLE **ELLIS. JUDITH A** 1.2 NAME NAME P.O. BOX 131 STREET ADDRESS 1.3 STREET ADDRESS SUGARLOAF SHORE FL 33044 1.4 CHTY-ST-ZIP CITY-ST-ZIP HORETHEY / TRENS. CARY W. ZIII'S P.O. BOX 131 DELETE Change Addition THILE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS NIA 2. 4 CITY-ST-ZIP CITY-ST-ZIP VRE PRESIDENT CLUMPD H. HABCHT O. BOX (3) DELETE Change Addition THILE 31 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS NIA CHICLOAF SHORKS.H 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliemental 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 or an attachment with an address.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6 1 TITLE

6 2 NAME 6 3 STREET ADDRESS

DELFTE

DELETE

SIGNATURE: Judille Slis - Judith A. Euri

CITY-ST-ZIF

STREET ADDRESS CITY - S1 - 7IP

STREET ADDRESS

CITY - ST - ZIP

TITLE

TITLE

NAME

4-3-98

305-292-2334

Change

Change

Addition

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CR2E034

**FILED**