SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90002 026 ***150.00

FILED

DOCUMENT #	P98000092540

MOUNT-ROYAL MOVING, INC.

		د پاستان در داند	_		•••••			
Principal Place of Business Mailing Address							- I LEGULAGI. HA TOTOS TOURI CONT. OPRIL EDINI CONTO CONTO UNDE DINI ÓTAN ÓTAN POU 1961	
2718 W. ATLANTIC BLVD.			2718 W. ATLANTIC BLVD.				,	
POMPANO BEA				NO BEACH FL 3306	9			
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								10/30/1998
2. Principal Place of Business			2a. Ma	2a. Mailing Address				4. FEI Number Applied For
21			26					65-08-95 (88 Not Applicable
Suite, Apt. #, etc.			S⊍	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27					ree Required
City & State			·	City & State				6. Election Campaign Financing \$5.00 May Be
23			$\rightarrow -$	28				Trust Fund Contribution Added to Fees
Zip		Country	Zip)		intry		8. This corporation owes the current year Intendible Personal Property. Yes No
24)		25	29	ad Amana	30		_	Intangible Personal Property. Yes X No 10. Name and Address of New Registered Agent
	9. Name a	and Address of Curren	t Registere	a Agent		81	Name	
FILIN	NGS, INC.							
	2 N.W. 16TH	STREET				82	Street A	Address (P.O. Box Number is Not Acceptable)
		E FL 33311-4132		,		83		
	-					03		, i
						84	City	FL 85 Zip Code
11. Pursuan	nt to the provision	ons of sections 607.0502	and 607.1	508, Florida Statute	es, the ab	ove-	named co	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar wit	th, and accept the obliga	ations of, se	ection 607.0505, Flo	orida Sta	tutes	3.	, , , ,
SIGNATURE								
40	Signature, typed o	r printed name of registered agen		·		ered A	gent signature	une required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Ī	OFFICERS AN	DUIRECT		13.	T1 E		
TITLE	MERCIL, H	I ICEVINI		☐ DELETE				L! Change L Addition
NAME	1 '				1.2 N			
STREET ADDRESS	ADDRESS 295 ALEXIS-NIHON SUITE 100 T-ZIP VILLE ST. LAURENT QUEBEC H4M			1		ADDRESS		
CITY-ST-ZIP	VILLE ST. L	AUNENI QUEDEC II	14M	<u> </u>	_	TY-ST	-ZIP	
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TITLE		•		DELETE	5.1 TI		, 1	Change Addition
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	,			DELETE	5.2 N	AME	ADDRESS	Change Li Addition
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NAME STREET ADDRESS	,	·			5.2 N/ 5.3 S1 5.4 CI 6.1 TI	AME REET TY-ST	ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		·		, ,	5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/	AME REET TY-ST TLE AME	ADDRESS -ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		·	,	, ,	5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/	AME REET TY-ST TLE AME	ADDRESS	

SIGNATURE:

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.

RICHARD RABEN

CERTIFIED PUBLIC ACCOUNTANT 2130 HOLLYWOOD BOULEVARD HOLLYWOOD, FLORIDA 33020

PHONE (954) 922-5696

595820-90002-26 P98000092540

7/20/99

To Whom it May Concern,

We never received our first notice.

Our lawyer mailed it to Montreal, and it was here received by us. Please excuse the penalty this one time and we will take care of it matimely manner from now on.

Thank you,