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Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90008 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000101520

1. Corporation Name

ACCESS RELOCATION SERVICES, INC.

Principal Place of Business

930 S.W. 87TH TERRACE
PLANTATION FL 33324

Mailing Address

930 S.W. 87TH TERRACE
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-0881742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 4710 NW BOCA RATON BLVD

Suite, Apt. #, etc.

22 Suite 200

23 Boca Raton Florida

24 33431 25 USA

2a. Mailing Address

26 4710 NW Boca Raton Blvd.

Suite, Apt. #, etc.

27 Suite 200

28 Boca Raton Florida

29 33431 30 USA

9. Name and Address of Current Registered Agent

HUFF, RICHARD
930 S.W. 87TH TERRACE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name RICHARD E. HUFF

82 Street Address (P.O. Box Number is Not Acceptable)
4710 NW BOCA RATON BLVD.

83 Suite 200

84 City Boca Raton

85 Zip Code FL 33431

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 Richard E. Huff - Pres.

RICHARD E. HUFF - President

6/17/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME HUFF, RICHARD
STREET ADDRESS 930 S.W. 87TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE PTSV DELETE

NAME HUFF, RICHARD
STREET ADDRESS 930 S.W. 87TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR Change Addition

1.2 NAME ALAN SCHWARTZ
1.3 STREET ADDRESS 1255 GREEN AVE, Suite 300
1.4 CITY-ST-ZIP WESTMOUNT, QUEBEC, CANADA H3Z 2A4

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
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:

RICHARD E. HUFF

6/17/99

561-241-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)