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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4. O 0/3/0/Cities	MENT # S02716 CED MOVING & STORAGE,	• •		I IRREMAND NY BANA MANA MARKAMBANA	01317 BARN BARN BARN BARN 1181
Principal Place of Business 7963 (1809) APALACHEE PKWY. TALLAHASSEE FL 32311		Mailing Address POST OFFICE BOX 38125 TALLAHASSEE FL 32315-9125			
US				3. Date Incorporated or Qualified 09/26/1990	3a. Date of Last Report 01/25/1996
	hace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7963	Apalachee Pkwy	Suite, Apt. #, etc.		59-3029246	Not Applicable
22]	π, εισ	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Z-p	Country	8. This corporation has liability for in	7,000 10 7,000
	9. Name and Address of Curren			10. Name and Address of New Reg	
116	AIRES, STEPHEN 146 GRAZING BOOK CT LAHASSEE FL 32311	CK	81 Name 82 Street Addr 83	ess (P.O. Box Number is Not Acceptable	le)
			84 City	F*************************************	85 Zip Code
					<u> </u>
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State rm familiar with, and accept the obliga	of Florida. Such change was au	uthorized by the corporat	poration submits this statement for the po- tion's board of directors. I hereby accep	urpose or changing its registered it the appointment as registered
SIGNATURE	Signer in hyperdise primed name of zegisteried ago	rt and tiple if supplicable (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P ALLEGO ATTOLITY	☐ DELETE	1 1 TITLE		Change Addition
NAME execut sobocce	CHAIRES, STEPHEN 11646 GRAZING BUCK CT		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS DITY-ST-ZIP	TALLAHASSEE FL 323	11	1.4 CITY - ST- ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	CHAIRES, TAMMY		2.2 NAME		
STREET ADDRESS	11646 GRAZING BUCK CT		2.3 STREET ADDRESS		
CRTY-ST-ZIP	TALLAHASSEE FL 323		2. 4 CITY-ST-ZIP		
TI*LE		☐ DELETE	3.1 TITLE		Change Addition
NAME STORY LABORAGE			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		,
STREET ADDRESS			4 3 STREET ADDRESS		
Cł*Y - ST - ZiP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME		[_] DELETE	6.1 TITLE 6.2 NAME		Li outringe Li vodition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

SIGNATURE:

STEVE CHAIRES -PRES

14. I do 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 it is proved from an attachment with an address.

904 656 2870

FILED

Jan 27 1997 8:00am

Secretary of State