


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

FILED

Mar 12 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|---|--|--|
| DOCUMENT # S05967 (2) 1. Corporation Name CAR HAUL OF CENTRAL FLORIDA, INC. | | | | | |
| Principal Place of Business 210 N GOLDENROD RD B-9 ORLANDO FL 32807 US | | | Mailing Address P O BOX # 3784 POST OFFICE BOX 3784 WINTER SPRINGS FL 32708-0784 US | | |
| 2. Principal Place of Business 21 9320 ALOMA AVE. Suite, Apt #, etc. 22 A City & State 23 WINTER PARK FL Zip 24 32792 | | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Seminole Country 30 | | 3. Date Incorporated or Qualified 10/01/1990 3a. Date of Last Report 01/30/1996 4. FEI Number 59-3029189 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent BERNAL, ANDRES 1818 SHADYHILL TERRACE WINTER PARK 32792 | | | 10. Name and Address of New Registered Agent 81 Name BERNAL ANDRES 82 Street Address (P.O. Box Number is Not Acceptable) 471 DEER POINTE CIRCLE 83 84 City CASSELBERRY FL 85 Zip Code 32707 | | |
| 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 _____ (NOTE: Registered Agent: signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 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 if changed, or on an attachment with an address. | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)