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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

M A J MOVING SYSTEMS INC.

FILED Mar 17 1998 8:00am Secretary of State



					<u> </u>	
Principal Place of Business Mailing Address						
11948 FLOTIL BOCA RATON		11948 FLOTILLA PLACE BOCA RATON FL 33428				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			09/21/1990 4. FEI Number	A Paul F
	INCH OF BUSITIESS	<u> </u>			Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0224315	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	ry	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30			Yes No
	g, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
	MES, ALBERT J		8	1 Name		
	948 FLOTILLA PLACE			2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
ВО	CA RATON FL 33428		_		· · · · · · · · · · · · · · · · · · ·	
			8	3		
			8	4 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named corr	poration submits this statement for the purpose ution's board of directors. I hereby accept the ap	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statut	by the corpora es.	ition's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
10	Signature, typed or printed name of registered ago	ont and the if applicable (NOTE D DIRECTORS	Registered A	geni signalure requi	ired when reinstaling) DATE ADDITIONS/CHANGES TO DESIGEDS AN	D DIDECTORS IN 13
12.	D OFFICENS AN	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	REMES, ALBERT J.	La vere a	1.2 NAM			
STREET ADDRESS	11948 FLOTILLA PLACE			ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY			
TITLE	D DELETE		2.1 TITLS			☐ Change ☐ Addition
NAME	REMES, MARY A.		2.2 NAM	E		
STREET ADDRESS	11948 FLOTILLA PLACE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY	- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP		··· · · · · · · · · · · · · · · · · ·	3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			1	et address		
CITY-ST-ZIP		T proper	4.4 City	-		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM]
STREET ADDRESS			5.3 STRE	ET ADDRESS		1
CITY-ST-ZIP		T on the	5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAMI			
STREET ADDRESS				ET AODRESS		į
CITY-ST-ZIP			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 13 if changed, or on an attachment with an address.