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Feb 28 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 # **S25621** (1)

1. Corporation Name
MOBILITY RELOCATION SERVICES, INC.



Principal Place of Business
**19353 US HIGHWAY 19 NORTH
SUITE 100
CLEARWATER FL 34624
US**

Mailing Address
**PO BOX 6800
CLEARWATER FL 34618-6800
US**

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0241263

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

10. Name and Address of New Registered Agent

81 Name
Jill Fisher Powers-Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
19353 US Hwy 19 N.

83 Suite 100

84 City
Clearwater

85 Zip Code
FL 34624

9. Name and Address of Current Registered Agent

**~~LEONARDO, MORRIS A ESQUIRE~~
~~100 SECOND AVENUE SOUTH~~
~~CITY CENTER 12TH FLOOR~~
~~ST. PETERSBURG FL 33701~~**

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 **Jill Fisher Powers, Esquire** *Jill Fisher Powers* **2/22/97**

Signature typed or printed name of registered agent and listed applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**

STREET ADDRESS **COPE, RICHARD W.**

CITY-ST-ZIP **19353 UW HWY 19 NO, SUITE 100
CLEARWATER FL 34624**

TITLE ☐ DELETE

NAME **DSAT**

STREET ADDRESS **TOOKE, EDWIN C.**

CITY-ST-ZIP **19353 US HWY 19 NO, SUITE 100
CLEARWATER FL 34624**

TITLE ☐ DELETE

NAME **TAS**

STREET ADDRESS **STICCO, LEWIS A**

CITY-ST-ZIP **19353 US HWY 19 NO, SUITE 100
CLEARWATER FL 34624**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **MUELLER, JAMES G**

CITY-ST-ZIP **7100 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33319**

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME **DVP**

43 STREET ADDRESS **Mueller, James G.**

44 CITY-ST-ZIP **7100 W. Commercial BLVD.
Ft. Lauderdale, FL. 33319**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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: **Lewis A. Sticco** *L.A. Sticco* **2.24.97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)