

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33764		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33758		3. Date Incorporated or Qualified 01/17/1991	
25 Country		30 Country		4. FEI Number 65-0241263	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FISHER POWERS, JILL E 19353 US HWY 19 N. SUITE 100 CLEARWATER FL 34624 33764		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, RICHARD W.	1.2 NAME	
STREET ADDRESS	19353 UW HWY 19 NO, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	33764
TITLE	DSAT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE, EDWIN C.	2.2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	33764
TITLE	TAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICCO, LEWIS A	3.2 NAME	
STREET ADDRESS	19353 US HWY 19 NO, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	33764
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, JAMES G	4.2 NAME	
STREET ADDRESS	7100 W. COMMERCIAL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	33319
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lewis A. Sticco* 4/9/98 813/538-5468

CR2E034 (10/97)