


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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthaz</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S47413** (7)

1. Corporation Name  
**PRODUCE MOVERS, INC.**

Principal Place of Business <b>150 SW 12TH AVE #430 POMPANO BEACH FL 33069</b>	Mailing Address <b>150 SW 12TH AVE #430 POMPANO BEACH FL 33069</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/22/1991</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0257384</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 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			
g. Name and Address of Current Registered Agent <b>ROSENBERG, SHERYL 150 SW 12TH AVE SUITE #430 POMPANO BEACH FL 33069</b>			10. Name and Address of New Registered Agent		
			b1 Name		
			b2 Street Address (P.O. Box Number is Not Acceptable)		
			b3		
			b4 City		
			b5 Zip Code		

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					
TITLE	STD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ROSENBERG, SHERYL			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	150 SW 12TH AVE #430				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	STEINBERG, JOAN				
STREET ADDRESS	150 SW 12TH AVE #430				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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: *Joan Steinberg* **JOAN STEINBERG** 61-20-98 (954) 946-6770

CR2E034 (10/97)