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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S75058** (5)

1. Corporation Name
CBS MOVERS, INC.

Principal Place of Business
**14700 NE 7TH CT
MIAMI FL 33161**

Mailing Address
**14700 NE 7TH CT
MIAMI FL 33161-2259**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/09/1991

3a. Date of Last Report
07/02/1996

4. FEI Number

65-0285420

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

**NORMAN, PATRICK
14700 NE 7TH CT
MIAMI FL 33161**

81 Name

VIOLA NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)

14700 N.E. 7TH COURT

83

NORTH MIAMI

84 City

MIAMI

FL

85 Zip Code

33161

10. Name and Address of New Registered Agent

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

Viola Norman, PRESIDENT **Elizabeth Norman** **April 09/97**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **NORMAN, PATRICK**
STREET ADDRESS **14700 NE 7TH CT**
CITY-ST-ZIP **MIAMI FL 33161**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **NORMAN, VANNIE**
STREET ADDRESS **14700 NE 7TH CT**
CITY-ST-ZIP **MIAMI FL 33161**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **NORMAN, VIOLA**
STREET ADDRESS **14700 NE 7TH CT**
CITY-ST-ZIP **MIAMI FL 33161**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE
NAME **ELIZABETH NORMAN**
STREET ADDRESS **14700 N.E. 7TH COURT**
CITY-ST-ZIP **N. MIAMI, FL. 33161**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Viola Norman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20/97 **305-947-1393**
Date Daytime Phone #

CR2E034 (9/96)