

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

FILED
Aug 19 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 # **V69391** (3)

1. Corporation Name
COUNTY LINE MOVING & STORAGE, INC.

Principal Place of Business

**3200 NW 119TH ST.
MIAMI FL 33167**

Mailing Address

**3200 NW 119TH ST.
MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3200 N. W. 67 ST.	26 3200 NW 67 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MIAMI, FL	28 MIAMI, FL
24 33147	29 33147
25 Country	30 Country

3. Date Incorporated or Qualified 10/07/1992	4. FEI Number 65-0359481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROJAS, MANUEL E. 3200 NW 119TH ST. MIAMI FL 33167	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable) 3200 NW 67 ST.
	83
	84 City MIAMI FL 85 Zip Code 33147

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

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 <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROJAS, MANUEL E.	1.2 NAME
STREET ADDRESS 8877 COLLINS AVE, #1103	1.3 STREET ADDRESS 4734 NW 98 PLACE
CITY-ST-ZIP SURFSIDE FL	1.4 CITY-ST-ZIP MIAMI, FL 33178
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROJAS, LIBIA B.	2.2 NAME
STREET ADDRESS 8877 COLLINS AVENUE, SUITE 1103	2.3 STREET ADDRESS 4734 NW 98 PLACE
CITY-ST-ZIP SURFSIDE FL	2.4 CITY-ST-ZIP MIAMI, FL 33178
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANUEL J. ROJAS	3.2 NAME
STREET ADDRESS 10474 SW 21 TERR	3.3 STREET ADDRESS 3848 OAK RIDGE CIR.
CITY-ST-ZIP MIAMI FL	3.4 CITY-ST-ZIP WESTON, FL 33331
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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:

Manuel E. Rojas **Manuel E. Rojas** 811498 305 181 0000

CR2E034 (10/97)