

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24909** (4)

1. Corporation Name
CTC VAN LINES INC.



Principal Place of Business: **470 PULASKI ST. BROOKLYN NY 11221**
Mailing Address: **470 PULASKI ST. BROOKLYN NY 11221**

3. Date Incorporated or Qualified: **06/26/1989**
3a. Date of Last Report: **02/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4	4. FEI Number 11-2435517	Applied For
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULMAN, JUDY
271 N.W. 1ST STREET
DEERFIELD BEACH FL 33441**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHWARTZ, ALAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BERGMAN DR. HEWLETT NY	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCHULMAN, JUDY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11410 COUNTRY SOUND CT. BOCA RATON FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SCHULMAN, ALICIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BERGMAN DR. HEWLETT NY	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD SCHULMAN, KENNETH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	186 PEMBROKE ST. BROOKLYN NY	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alicia Schwartz* 1/24/96 78 443 5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)