

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90072 033 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000025331**

1. Corporation Name  
**TOTAL RELOCATION SERVICES OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 1065 SW 15TH AVE                      1065 SW 15TH AVE  
 SUITE 2                                      SUITE 2  
 DELRAY BEACH FL 33444                DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/20/1997**

4. FEI Number                      Applied For  
**65-0743473**                      Not Applicable

5. Certificate of Status Desired          **\$8.75** Additional Fee Required

6. Election Campaign Financing         **\$5.00** May Be Added to Fees

7. Trust Fund Contribution      

8. This corporation owes the current year Intangible Personal Property Tax.     Yes     No

2. Principal Place of Business      2a. Mailing Address

21    26

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

22    27

City & State                              City & State

23    28

Zip    Zip    Country    Country

24    25    29    30

9. Name and Address of Current Registered Agent

**GALLACHER, SUSAN**  
**1065 S.W. 15TH AVENUE**  
**SUITE 2**  
**DELRAY BEACH FL 33444**

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

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

TITLE                       DELETE

NAME                      **PTD**  
**AHERN, THOMAS**

STREET ADDRESS                      **400 MASON ROAD**

CITY-ST-ZIP                      **FAIRPORT NY 14450**

TITLE                       DELETE

NAME                      **VDS**  
**AHERN, ALLISON**

STREET ADDRESS                      **400 MASON ROAD**

CITY-ST-ZIP                      **FAIRPORT NY 14450**

TITLE                       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE                       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE                       DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE                       Change     Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE                       Change     Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE                       Change     Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE                       Change     Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE                       Change     Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE                       Change     Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *ALLISON M. AHERN*      *4/15/99*      *716-223-2190*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)