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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90070 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G15571

1. Corporation Name
LITTLE MOOSE CORPORATION

Principal Place of Business: % GRAND DETOUR ASSOCIATES, 1001 NORTH US HIGHWAY ONE, SUITE 506, JUPITER NY 33477
 Mailing Address: % GRAND DETOUR ASSOCIATES, 1001 NORTH US HIGHWAY ONE, SUITE 506, JUPITER NY 33477



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1982**
 4. FEI Number: **13-3142163**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85)
 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: _____ (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLAY, KATHERINE D.W.	1.2 NAME	
STREET ADDRESS	1001 N. US HIGHWAY ONE, #506	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33477	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEIL, JOHN J.	2.2 NAME	
STREET ADDRESS	1285 AVE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10019-6064	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, PATRICIA J.	3.2 NAME	
STREET ADDRESS	1001 N. US HIGHWAY ONE, #506	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JUPITER FL 33477	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Wolfe, Secretary* Date: **1/27/99** Daytime Phone #: **825-746-9255**

CR2E034 (1/98)