

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P96000063187 (4)
 1. Corporation Name
MOO DOE TRAINING, INC.



Principal Place of Business Mailing Address
990 NORTH STATE ROAD 434, SUITE 1144 **990 NORTH STATE ROAD 434, SUITE 1144**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714-70**

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

3. Date Incorporated or Qualified **07/29/1996** 3a. Date of Last Report
 4. FEI Number **59-3397721** 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

9. Name and Address of Current Registered Agent
~~COX, CYRUS A~~
~~174 W. CONSTOCK AVE., SUITE 101~~
~~WINTER PARK FL 32789~~
CURTIN, THOMAS
990 N. ST. RD 434
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 1 Name
 2 Street Address (P.O. Box Number is Not Acceptable)
 3
 4 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 *Thomas W. Curtin* DATE **6/14/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CURTIN, THOMAS	
STREET ADDRESS	990 NORTH STATE ROAD 434, SUITE 1144	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, CYRUS A	
STREET ADDRESS	990 NORTH STATE ROAD 434, SUITE 1144	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	
13	
14	
21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	
23	
24	
31	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	
33	
34	
41	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	
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44	
51	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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61	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 file 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: *Thomas W. Curtin* DATE **5/18/97** (407) 774-1186

CR2E034 (9/96)