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

PROFIT CORPORATION ANNUAL REPORT

1997



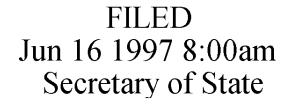
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031152 (8)

MOON IN LIBRA, INC.





Principal Plac	ce of Business	Mailing Address							
2600 58TH TER		-	2600 58TH TERRACE SOUTH						
ST. PETERSBU		ST. PETERSBURG FL 33712-5214							
							· · · · · · · · · · · · · · · · · · ·		
						3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last 04/09/1996	Heport	
·	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26				<b>59-3314979</b> Not Applicable			
Sulte, Apt.	. #, etc.	<del></del>	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 6	Additiona!	
City & Star	16	27	City & State				Fee F	Required	
23	le .	<b>⊢</b>	h '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	p Country Zip			ountry					
24	25 29 30				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
EWA	ALD, WILLIAM G	<del>-</del>		81	Name				
	58TH TERRACE SOUTH		82 83		Street A	ddress (P.O. Box Number is Not Acceptab	10)		
	PETERSBURG FL 33712				- Barber A	Address (F.O. Box Normber is Not Acceptable)			
					City		<b>85</b> 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.									
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 re-instating)  DATE									
12.		ND DIRECTORS	1:		on a griatore i	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
TITLE	D	☐ DELET	E 1.1	TITLE			Change	☐ Addition	
NAME	EWALD, WILLIAM G		1.2	NAME					
STREET ADDRESS	2600 58TH TERRACE SOUTH		1.3	STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33712			CITY-S	I-ZIP				
TITLE	D	☐ DELET	E 21	TITLE			Change	Addition	
NAME	SAMOSKY, WILLIAM P		2.2	NAME					
STREET ADDRESS	2212 FLETCHERS POINT CIRC	LE .	2.3	STREFT	ADDRESS			ļ	
CITY-ST-ZIP	ST. PETERSBURG FL 33613			4 CITY - S	T - ZIP				
TITLE		DELET		TITLE			Change	Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELET		I. DITY-S	T-ZIP		☐ Change	Addition	
NAME		ויין אנינו		THLE			∟ charige	☐ Addition i	
STREET ADDRESS			- 1	2 NAME	ADDRESS				
CITY-ST-ZIP				CITY-SI				ĺ	
TITLE		☐ DELET		TITLE			Change	Addition	
NAME				NAME				_	
STREET ADORESS			- 1		ADDRESS				
CITY-ST-ZIP				CITY-S1					
TITLE		☐ DELET		TITLE			☐ Change	Addition	
NAME			6.2	NAME	ļ	•			
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP			6.4	CITY-SI	- ZIP				
4.4 Lula basal	Land and the state of the state	4 118 11 1 1147	DZ Z						

4. 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 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.

CIONATURE.

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