SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## **PROFIT ◄FLORIDA DEPARTMENT OF STATE** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS**

## **FILED** Oct 07 1998 8:00am Secretary of State

1. Corporation Name # J24429 (9)  MOORE STEPHENS LOVELACE, P.A.  Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	
Principal Place of <b>Bus</b> iness Mailing Address	
1201 S. ORLANDO AVENUE 1201 S. ORLANDO AVE.	
SUITE 400 STE. 400	
WINTER PARK FL 32789 DO NOT WRITE IN THIS SPANUS US 3. Date incorporated or Qualified	DE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied Fac
21 26 59-3070669	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	3.75 Additional
	Fee Required
City & State City & State 6. Election Campaign Financing \$	5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current ye	
24 25 29 30 Personal Property Tax due June 30. X Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PENDSEY PERMADD U. ID 81 Name	1
DEMICOET, DENIAND N. VI.	
390 N ORANGE AVE 82 Street Address (P.O. Box Number is Not Acceptable)	
STE. 2700 ORI ANDO EL 32801	
ORLANDO FL 32801 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 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	n its registered
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CITY-ST-ZIP

4. 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 supplier extal 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 exporation or the receiver of 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 changes of on an attraction in the receiver of the control o

REQUIRED **SIGNATURI** 

9/29/98

(407) 740-5400