Apr 01, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 04-01-1999 90007 021 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # 421129**

1. Corporation	n Name	-0						
MO WOO	OD PRODUCTS, INC.							
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Principal Plac	e of Business	Mailing Address			2 (ME) IN BILLIAN (ME) (ME) AND	. 4:6: 515: 515: 6:5: 5:5: 5:5: 6:		•
4000 ST. JOHN	is avenue	4000 ST. JOHNS AVENUE						
13C 13C 13C 14CMCOMMULE St. 22204.2222			2220		. DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32204-3339 JACKSONVILLE FL 32204-3339 US US			3333		3. Date Incorporated or Qualifed			l
•					07/23/1973			
2. Principal P	lace of Business	2a. Malling Address		, _	4. FEI Number		plied For	<u> </u>
	HAMMOND BIVE	26 -PO-BOX-6	040	<u> </u>	59-1515102	No	t Applicable	i .
Sulte, Apt.	#; etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		ĺ
22	·	27				Fee Re		
City & Stat	·	City & State			6. Election Campaign Financing	\$5.00	•	
23 JA	y, pu	28 JAY PL	<u>/</u>		. Trust Fund Contribution	Added t	0 F 663	l
Zip 24 3 2 7	27.() Country	77236	Coun	ĽŠA	 This corporation owes the current y Personal Property Tax. 		□No	
24 50	9. Name and Address of Cu	18 3000	1301 9	CON	10. Name and Address of New Regis			
	y. Name and Address of Co	Mont Notherner Aftern		Name				ĺ
MILT	ON, GLENN F.		Į.	10 00 Add	Ideas (D.O. Bey Number to blot Assessable)			i
	WATERS EDGE DR N		Ι'	32 Street Add	dress (P.O. Box Number is Not Acceptable)			ĺ
PON	ite vedra fl. 32082		Ī	B3			_	1
			Į.	84 City		85 Zip C	ode.	
	•			,		FL		
44 -		2000 1000 1000 PM 11 PM 11					registered	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statu	tes, the ab	ove-named cor	erporation submits this statement for the purp	ose or changing its annointment as rec	nistered	
office or r agent. La	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the or	7.0502 and 607.1508, Florida Statu State of Florida. Such change was a bilgations of, Section 607.0505. Flo	tes, the ab authorized brida Statul	ove-named cor by the corpora ies.	rporation submits this statement for the purpation's board of directors. I hereby accept the	eppointment as rec	gistered	
office or r agent. I a	m familiar with, and accept the o	pilgations of, Section 607.0303. Fit	Urilla Statut				gistered	,
agent. I a	m familiar with, and accept the o	d agent and title if applicable. (NOTI	E: Registered A		ired when reinstating) O	ATE		. (86
agent. I a SIGNATURE 12.	m familiar with, and accept the o Signature, typed or printed name of registers OFFICER:	d agent and title if applicable. (NOTI	E: Registered A	gent signature retali		ATE		11/98)
agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the o Signature, typed or printed name of registere OFFICER:	obligations of, Section 607,0505, Fit of agent and title if applicable. (NOTI	E: Registered A 1.1 TITL 1.2 NAM	gent signature rettul	ired when reinstating) O	ATE RS AND DIRECTO	RS IN 12	14 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registere OFFICER: PD MILTON, GLEN F.	obligations of, Section 607,0505, Fit of agent and title if applicable. (NOTI	E: Registered A 1.1 TITL 1.2 NAM	gent signature natuli E	ired when reinstating) D	ATE RS AND DIRECTO	RS IN 12	E034 (11/98)
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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 ceth; 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:

SIGNATURE REQUIRED