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 # 450872

(7)

J. H. MOORE, INC.

· · · · · · · · · · · · · · · · · · ·				
Principal	Piace	of	Business	

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



14240 MUSTANG TRAIL FT. LAUDERDALE FL 33330		14240 MUSTANG TRAIL FT. LAUDERDALE FL 33330-3507					
					3. Date Incorporated or Qualified 04/23/1974	3a. Date of Last 6 02/23/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-1594583	N	lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζιp	Country	Ζφ	Countr	У	8. This corporation has liability for i	ptangible tax under	s. 199.032,
24	25	29	30			Yes □ No	
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
JOH	IN H. MOORE		8.	Name			
	40 MUSTANG TRIAL LAUDERDALE FL 33330		82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
, , ,	ENGLENDALE TE GOOD		83			,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			84	City		FL 85 Zip	Code
office or r agent. I a	to the provisions of Sections 607 0 registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was	authorized to	v the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	turpose of changing to the appointment as	its registered registered
SIGNATURE	Signature, typed or pointed name of eign-level	Alcohola de la accidenta de la anti-para tropre	IF: Bonisland A	ent signature regu	uired when reinstailing)	DATE	······································
12.		AND DIRECTORS	13.	Acit aignatura rede	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	MOORE,JOHN H.		1.2 NAME			3	
STREET ADDRESS	14240 MUSTANG TRAIL		1	T ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CHTY-	· · · · · · · · · · · · · · · · · · ·			
TITLE	SD	DELETE	2 1 TITLE			Change	Addition
NAME	MOORE,ANNIE L.		2.2 NAME				
STREET ADDRESS	14240 MUSTANG TRAIL		2.3 STREE	T ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL		2 4 CITY	}			
TITLE	SD	☐ DELĒTE	3 1 TITLE	<u> </u>		Change	Addition
NAME	MOORE, SHARON A.		3.2 NAME				
STREET ADDRESS	14240 MUSTANG TRAIL		3.3 STREE	ET ADDRESS			
CITY-ST-2IP	FORT LAUDERDALE FL		3.4. CITY				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME {			4. 2 NAM	.			
PARTET TANDESC			43\$IREI	1 ADORESS			
		<u></u>	44 CITY-	ST-ZIP			
TITLE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
City - \$1 - 71P			5.4 CITY	ST-ZIP			
TITLE		DELFTE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY - ST - ZIP			6.4 CHTY-	ST-ZIP			
	<u> </u>						

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 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DORE 1-6-97 (954) 434-5672