


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 718990</b>					
1. Corporation Name <b>MOFFETT CONDOMINIUM INC</b>					
808 MOFFETT ST HALLANDALE FL. 33009					
Principal Place of Business		Mailing Address			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	March 1982	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	591318645	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CELESTE MARION		81 Name			
808 MOFFETT ST #6		82 Street Address (P.O. Box Number is Not Acceptable)			
HALLANDALE FL. 33009		83			
		84 City			
		FL 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT / D&P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVE LIEBE		1.2 NAME		
STREET ADDRESS	808 MOFFETT ST. #2		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL. 33009		1.4 CITY-ST-ZIP		
TITLE	SECRETARY / D&P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTY MARTENS / D		2.2 NAME		
STREET ADDRESS	808 MOFFETT ST. #7		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL. 33009		2.4 CITY-ST-ZIP		
TITLE	TREASURER / D&P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CELESTE MARION		3.2 NAME		
STREET ADDRESS	808 MOFFETT ST. #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL. 33009		3.4 CITY-ST-ZIP		
TITLE	DIRECTOR / D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE ALLEN		4.2 NAME		
STREET ADDRESS	808 MOFFETT ST. #8		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL. 33009		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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 617, 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:

*Celeste Marion* (Celeste MARION) D&P 1/27/99 456 7380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)