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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749555

1. Corporation Name

HOLLYWOOD LODGE NO. 919, LOYAL ORDER OF MOOSE, I
NC.

Principal Place of Business

MOOSE, INC.
2907 TAYLOR STREET
HOLLYWOOD FL 33020

Mailing Address

MOOSE, INC.
2907 TAYLOR STREET
HOLLYWOOD FL 33020



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/30/1979
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0594439
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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	SDM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, BERARD C	1.2 NAME	
STREET ADDRESS	2907 TAYLOR ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSIAL, ADRIAN J	2.2 NAME	T. WARREL LANCEY
STREET ADDRESS	6761 MCCLELLAN ST	2.3 STREET ADDRESS	223 N. 28 AVE
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADSHAW, JERRY	3.2 NAME	JBE DESPOSITO
STREET ADDRESS	7841 NW 11TH ST	3.3 STREET ADDRESS	2040 N.W. 81 #118
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	PC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRARD, JEAN C	4.2 NAME	
STREET ADDRESS	2472 FUNSTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRECO, PETER	5.2 NAME	PETER J. PEPITONE
STREET ADDRESS	1915 N 31 AVE	5.3 STREET ADDRESS	3135 S. OCEAN DR #380
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HALLANDALE, FL
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLE, WALTER	6.2 NAME	
STREET ADDRESS	2909 MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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:

[Signature] SECRETARY OF STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (954) 927-0826

Date Daytime Phone #

CR2E037 (11/98)