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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

F94000002789 (5)

MORAN CONSULTING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1265 ADMIRALS WALK VERO BEACH FL 32963 | 1265 ADMIRALS WALK VERO BEACH FL 32963 |



| 9 Deinnia I D | | | | | | | 3. Date Incorporated or Qualified 05/27/1994 | 1 | e of Last 05/01/ | |
|--|--|------------------|--|--|--|-------------------|--|--------------|----------------------------|--------------------|
| 2. Principal P | Place of Business | F1 | ling Address | | | | 4. FEI Number | | W/U 1/ | Applied For |
| Suite, Apt. | # ptc | 26 | | | | | 22-3099331 | | - | Not Applicat |
| 2 | . π, θις. | <u>}</u> | e, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.7 | 75 Additional |
| City & Stat | te | 27 | | | | | 6. Certificate of Status Desireo | | | e Required |
| 3] | | ļ · | & State | | | | 6. Election Campaign Financing | | | 00 May Be |
| Zip | Country | 28 | ······································ | | | | Trust Fund Contribution | | Add | ied to Fees |
| 4] | 25 | | Zip Country | | | | 8. This corporation has liability for i | ntangible ta | x under | s 199.032 |
| 9 [25] 29 : 9. Name and Address of Current Registered Agent | | | | | Florida Statutes Yes No | | | | | , |
| | | Tont registered | - Agent | | | | 10. Name and Address of New R | egistered . | Agent | |
| MODAN WILLIAM C | | | | 8 | ין יי | lame | | | | |
| MORAN, WILLIAM E 1265 ADMIRALS WALK | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
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| VERU | BEACH FL 32963 | | | 8: | 3 | | | ···· | - | |
| | | | | 84 | 4 6 | ity | | | · | |
| 1 Duramant | A. Al. | | | - | 1 1 | • | tion submits this statement for the purp | FI | 85 Z | Zip Code |
| GNATURE | ith, and accept the obligations of Se Signature, typed or printed name of registered ag | BCIION 607,0505, | Florida Statutes. | Begistered Age | | | то высовой тногору весери ине арро | intment as | registere | d agent. (am |
| | OFFICERS A | AND DIRECTORS |) | 13. | er eg | lature retjured t | | DATE | | |
| LE | PD | | DELETE | 1. 1 TITLE | | | ADDITIONS/CHANGES TO OFFIC | | | ORS IN 12 |
| ME | MORAN, WILLIAM E | | | 1.2 NAME | | | | |] Change | Addition 🔲 |
| REET ADDRESS | 1265 ADMIRALS WALK | | | | | | | | | |
| TY-ST-ZIP | VERO BEACH FL 39263 | | | 1.3 STREE | | } | | | | |
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| ME | MORAN, GAIL | | | 2 · 111LE | | | | |] Change | Addition |
| | | | | 2.2 MALEE | | | | | | |
| REET ADDRESS | | | | 2.2 NAME | | | | | | |
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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 I further appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNING OFFICER OR DIRECTOR /Date

907-778-7783 Dayinte Phone #