


RULE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F94710 (3) 1. Corporation Name WALTER R. MOON, P.A.		



Principal Place of Business % WALTER R. MOON 1218 E. ROBINSON STREET ORLANDO FL 32801	Mailing Address % WALTER R. MOON 1218 E. ROBINSON STREET ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 NORTH PRIMROSE DR Suite, Apt. #, etc.		2a. Mailing Address 26 200 NORTH PRIMROSE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/16/1982	
22		27		4. FEI Number 59-2207015 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 ORLANDO, FL City & State		28 ORLANDO, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32803 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32803 Zip		30 USA Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MOON, WALTER R. 1218 E. ROBINSON STREET ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 200 N PRIMROSE DR	
				83	
				84 ORLANDO FL 85 32803 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, WALTER R	1.2 NAME	
STREET ADDRESS	1218 E ROBINSON ST	1.3 STREET ADDRESS	200 N. PRIMROSE DR
CITY-ST-ZIP	ORLANDO, FL 32801	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter R. Moon

1/13/98

CR2E034 (10/97)

WALTER R. MOON, P.A.
ATTORNEY AT LAW
200 NORTH PRIMROSE DRIVE
ORLANDO, FLORIDA 32803

WALTER R. MOON
BETTY ALBA, SECRETARY
JANE B. MOON, CLA

TELEPHONE (407) 898-6600
FAX (407) 898-1032

PLEASE NOTE OUR NEW ADDRESS:

WALTER R. MOON, P.A., has relocated its offices to

WALTER R. MOON, P.A.
200 NORTH PRIMROSE DRIVE
ORLANDO, FLORIDA 32803

Our telephone and facsimile numbers remain as follows:

407/898-6600 Telephone
407/898-1032 - Facsimile