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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F9500000529 (6)

1. Corporation Name

MOSES	ENTERPRISES	INC.	

MUSES	S ENTERPRISES, INC.						
Principal Place of	of Business	Mailing Address			I de diilor and denn banic boid boid	is Mitari Mitaria Maria Mer	TI MINIM HANIM HANI SANI
4361 PEBBLE	E BEACH ROAD H 44406	4361 PEBBLE BEACH CANFIELD OH 44406					
					3. Date Incorporated or Qualified 02/01/1995	3a. Date of La	st Report
2. Principal Plac	ce o' Business	2a. Mailing Address			4. FEt Number		Applied For
21		26]			34-1316923		Not Applicable
Suite, Apt. #,	, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 7-	.75 Additional ee Required
City & State City & State				6. Election Campaign Financing	\$!	5.00 May Be	
23		28			Trust Fund Contribution	L. A	dded to Fees
Zφ	Country	Zφ	Coun	try	8. This corporation has liability for in Florida Statutes Yes	intangible tax und No	ers 199.032,
24	25 9. Name and Address of Curren	29 29 Agent	30		10. Name and Address of New R		
	e. Haille and Address of Culter	r tropietoron vigent		B1 Name		<u> </u>	
ROSSF1	TTI, THOMAS F		 	82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)	
	OONLIT COURT						
NAPLES	S FL 33942		1	B3			
			1	84 City		EI 85	Zip Code
SIGNATURE	n, and accept the obligations of, Sect	t and title if applicable. (NO	OTE: Registered A	Agent signature require	of when reinslating) ADDITIONS/CHANGES TO OFF	DATE	CTORS IN 12
12.	OFFICERS AN	D DELETE	13.	T	ADDITIONS/CHANGES TO OFF	Cha	
TRILE	PC Moses, William D JR	Decerte	1.1 III				ngo 🗀 rioan an
NAME STREET ADDRESS	1330 FOOTHILL ROAD			REET ADDRESS			
CIFY-ST-ZIP	OJAI CA 93023			Y-ST-2(P			
THLE	V	C DELETE					
NAME	MOODO MADY I	□ DELETE	2 1 1 1	LE }		☐ Cha	inge Addition
	MOSES, MARY J	_	2 1 TIT 2.2 NA/			Cha	inge Addition
STREET ADDRESS	4361 PEBBLE BEACH ROAL	_	2.2 NAF 2.3 STF	ME REET ADDRESS		☐ Cha	inge Addition
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CITY-SI-ZIP TITLE NAME	4361 PEBBLE BEACH ROAI CANFIELD OH 44406 ST MOSES, MILENE	D DELETE	2.2 NAF 2.3 STF 2.4 C/T 3. 1 T/T 3.2 NAF	ME REET ADDRESS Y-ST-ZIP			
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4. Loo nereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

HONAS ROSETT

4122196 941-566-9368