


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90070 031 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000005482</b>					
1. Corporation Name <b>MOOSE PROPERTIES, INC.</b>					
Principal Place of Business PO BOX 1693 PEARL RIVER NY 10965-8693			Mailing Address PO BOX 1693 PEARL RIVER NY 10965-8693		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/21/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 13-3925057	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			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 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					
TITLE	CPVP	<input checked="" type="checkbox"/> DELETE			
NAME	OTT, CLAUDE				
STREET ADDRESS	PO BOX 1693 (N/A)				
CITY-ST-ZIP	PEARL RIVER NY 10965-8693				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	OTT, CLAUDE				
STREET ADDRESS	PO BOX 1693 (N/A)				
CITY-ST-ZIP	PEARL RIVER NY 10965-8693				
TITLE	TS	<input checked="" type="checkbox"/> DELETE			
NAME	WEISS, GORDON J				
STREET ADDRESS	PO BOX 1693 (N/A)				
CITY-ST-ZIP	PEARL RIVER NY 10965-8693				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President, VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Stan Ginsberg				
1.3 STREET ADDRESS	PO Box 1693				
1.4 CITY-ST-ZIP	Pearl River NY 10965-8693				
2.1 TITLE	President/Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Gordon J Weiss				
2.3 STREET ADDRESS	P.O. Box 1693				
2.4 CITY-ST-ZIP	Pearl River NY 10965-8693				
3.1 TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Stan Ginsberg				
3.3 STREET ADDRESS	PO Box 1693				
3.4 CITY-ST-ZIP	Pearl River NY 10965-8693				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: \_\_\_\_\_

*Gordon J. Weiss*  
GORDON J. WEISS

1/5/99

914 620 1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #