

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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004039 (0)

1. Corporation Name

MOORINGS PLAZA, INC.

Principal Place of Business

Mailing Address

17 WEST PENNSYLVANIA AVE STE 500  
TOWSON MD 21204-5096

17 WEST PENNSYLVANIA AVE STE 500  
TOWSON MD 21204-5096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

52-2044564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEXTON, DAVID N ESQ.  
BOND SCHOENECK & KING PA  
1167 THIRD ST SOUTH STE 107  
NAPLES FL 34102

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LUETKEMEYER, JOHN A JR  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE STE 500  
CITY-ST-ZIP TOWSON MD 21204

DELETE

TITLE DV  
NAME SCHAPIRO, J M  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE STE 500  
CITY-ST-ZIP TOWSON MD 21204

DELETE

TITLE ST  
NAME SUSS, PAUL  
STREET ADDRESS 17 WEST PENNSYLVANIA AVE STE 500  
CITY-ST-ZIP TOWSON MD 21204

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

DPT  
John A. Luetkemeyer, Jr.  
17 West Pennsylvania Ave Ste 500  
Towson MD 21204

Change Addition

DVS  
J. mark Schapiro  
17 West Pennsylvania Ave. Ste 500  
Towson MD 21204

Change Addition

VAS  
William H. Kinnear Jr.  
17 West Pennsylvania Ave Ste 500  
Towson MD 21204

Change Addition

Change Addition

Change Addition

Change Addition

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.

CR2E034 (10/97)