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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800006541

1. Corporation Name

E.W. MO	ON, INCORPORATED							
Principal Plac	ce of Business	Mailing Address				- I HADIHAD ITID IBIDI EDIH BUKK BUKK BUKK BUKK B	DELO UNION DIENI	010011101107
11311 VENICE BLVD. 11311 VENICE BLVD.								
OS ANGELES CA 90066-3422 LOS ANGELES CA 90066-3422						DO NOT WRITE IN THIS	CDACE	
•						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		· ·
On Malling Address						12/01/1998 4. FEI Number	I	pplied For
2. Principal Place of Business 2a. Mailing Address						95-3982280		ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						T		Additional
						5. Certifcate of Status Desired		equired
22 City & Sta	ite	City & State				6. Election Campaign Financing	\$5.00	May Be
23	- ·	28	-		_	Trust Fund Contribution	Added	
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	☐Yes	X No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent	
				81	Name			
	PORATION SERVICE COMPANY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	HAYS STREET			-	000000	,		
TALL	AHASSEE FL 32301-2525			83				
				84	City		85 Zip	Code
				1	'	FL pration submits this statement for the purpose o	_ `	
agent. I	am familiar with, and accept the obligat	ions of, Section 607.0505	, Fionda Sta	lutes	nt signature required		-	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CPT	☐ DELETI	E 1.1 T	ITLE			Change	Addition
NAME	MOON, ELVIN W		1.21	IAME				
STREET ADDRESS			1.3 5	TREET	TADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90045			TY-S	T-ZIP			
TITLE	S DELETE		E 2.1 T	2.1 TITLE			Change	Addition
NAME	MOON, SHARON		2.2 N	IAME				
STREET ADDRESS	s 8924 Kittyhawk ave .		2.3 9	TREE	TADORESS			
CITY-ST-ZIP	LOS ANGELES CA 90045				ST-ZIP	and the same of th		
TITLE		☐ DELETI	E 3.17	TTLE			Change	☐ Addition
NAME .				AME		·	. ~	
STREET ADDRES	s				T ADDRESS			Ï
CITY-ST-ZIP				CITY-S	ST-ZIP		☐ Change	Addition
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NAME				NAME				
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CITY-ST-ZIP				TY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETI		ITLE IAME			ے ماندان	
NAME				-uviC				
STREET ADDRESS	S		E 626	TREE	TADDRESS!			
CITY-ST-ZIP					T ADDRESS			
TITLE		□ nei en	5.4 0	ITY-S	{		☐ Change	Addition
		☐ DELET	5.4 C	TTY-S	{	,	☐ Change	e Addition
NAME		☐ DELETI	5.4 C E 6.1 T 6.2 M	TTLE HAME	T-ZIP			e Addition
NAME STREET ADDRES CITY-ST-ZIP	s	☐ DELETI	5.4 0 E 6.11 6.2 h	TTLE HAME	T-ZIP	A		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 oddress until all other like empowered.

SIGNATURE: _

U4/@8/99 310/915-1018

Date

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90008 015 ***158.75