FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H06801** **(5)**

1. Corporation Name
THE MOORINGS INTERNATIONAL, INC.

200001490732
-05/17/95--01048--019
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
19345 U.S. 19 N. 402 CLEARWATER FL 34624 US	19345 U.S. 19 N. 402 CLEARWATER FL 34624 US

3. Date Incorporated or Qualified: **06/06/1984**
3a. Date of Last Report: **07/15/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) / Country (25):
Zip (29) / Country (30):

4. FEI Number: **59-2694440** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOICHEFF, NICHOLAS
19345 US HWY 19 N #402
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: JEAN SELLECK
82 Street Address (P.O. Box Number is Not Acceptable): 19345 US 19 N
83: 4th Floor
84 City: Clearwater FL 85 Zip Code: 34624

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: JEAN SELLECK — 5/10/95
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	PD	☑ Change ☐ Addition
NAME	CAMERON, BRUCE	1.2 NAME	DENIS THIERY	
STREET ADDRESS	19345 US HWY 19 N #402	1.3 STREET ADDRESS	19345 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE	STD	2.1 TITLE	D	☑ Change ☐ Addition
NAME	THIERY, DENIS	2.2 NAME	PATRICK EMERY	
STREET ADDRESS	19345 US HWY 19 N #402	2.3 STREET ADDRESS	19345 US 19 N	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34624	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, SIMON	3.2 NAME		
STREET ADDRESS	19345 US 19 N., #402	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

5/1/95 mst

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Simon P. Scott 4/25/95 (813)530-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

036010 CP