

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 31 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *406801*
1. Corporation Name
THE MOORINGS INTERNATIONAL, INC.

Principal Place of Business
19345 U.S. Highway 19 North
4th Floor
Clearwater, FL 34624

Mailing Address

REINSTATEMENT *97000*

3. Date Incorporated or Qualified
6/6/84
3a. Date of Last Report
4/16/96
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

Jean Selleck
19345 U. S. Highway 19 North
4th Floor
Clearwater, FL 34624

10. Name and Address of New Registered Agent

81 Name
ANNE S. MASON, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
Mason & Associates
83 17757 U.S. Highway 19 N., Suite 500
84 City
Clearwater, FL 85 34624

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

7/11/97

12. OFFICERS AND DIRECTORS

TITLE	D, B	☒ DELETE
NAME	Denis Thiery	
STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D	☒ DELETE
NAME	Patrick Emeury	
STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D	☒ DELETE
NAME	Simon Scott	
STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D, T	☐ DELETE
NAME	William Wiard	
STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
CITY-ST-ZIP	Clearwater, FL 34624	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	☐ Change ☒ Addition
1.2 NAME	Peter Hairston	
1.3 STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
1.4 CITY-ST-ZIP	Clearwater, FL 34624	
2.1 TITLE	D, S	☐ Change ☒ Addition
2.2 NAME	Arthur Warshaw	
2.3 STREET ADDRESS	19345 U.S. Hwy 19 N., 4th Fl.	
2.4 CITY-ST-ZIP	Clearwater, FL 34624	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Peter Hairston, Jr.

PETER HAIRSTON, JR.

8/4/97

704-372-6435

CR2E034 (9/96)