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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J71169

(3)

BOB MOORE SERVICES, INC.

FILED
May 18 1998 8:00am
Secretary of State

City & State Country Trust Fund Contribution Added to Fees Trust Fund Contribution Adde	able
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified U5/05/1987 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Washing Address 2d. Mailing Address 2d. Mailing Address 2e. Mailing Address 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 27	able
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3. Date Incorporated or Qualified 05/05/1987 2. Principal Place of Business 2. Applied For 65-0056481 Suite, Apt. #, etc. 2. City & State 3. Country 4. FEI Number 6. Certificate of Status Desired 7. Country 7. Country 7. Country 7. Country 7. Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Uspagnd Address of Current Registered Agent CAPTER PICHA Plate 82 Street Address (P.O. Box Number is Not Acceptable) 83 SACCARAT OR 84 City 85 Zip Code 84 City 85 Zip Code 85 Zip Code	able
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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 register	
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.	М
SIGNATURE	
Signable, byted or printed name of registered agont and title if appt-cable (NOTE: Registered Agent a gradure required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	ition
NAME MOORE, ROBERT M., JR. 1.2 NAME	(1011
STREET ADDRESS 4800 S.W. 94TH AVENUE 1.3 STREET ADDRESS	ŀ
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6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 16.4 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	ion

In 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 turther 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 eath; 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: ROBERT M. MOORE TR LOBEN W. MOORE 3-9-98 8842637