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

SIGNATURE:

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9)MOORES FAMILY FUND, INC. Principal Place of Business Maiting Address C/O WILLIE J. HAYWOOD C/O WILLIE J. HAYWOOD 4235 N.W. 201ST STREET 4235 N.W. 201ST STREET DO NOT WRITE IN THIS SPACE CAROL CITY FL 33055 CAROL CITY FL 33055 3. Date Incorporated or Qualified 10/30/1987 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country ZID 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYWOOD, WILLIE J. 4235 N.W. 201ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) CAROL CITY FL 33055 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 05.02 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, typied or printed many of registered agent and title P applicable (NO1) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE 1.1 TITLE Change Addition TITLE HAYWOOD, WILLIE J. NAME 1.2 NAME 4235 N.W. 201ST ST. STREET ADDRESS 1.3 STREET ADDRESS CAROL CITY FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition MOORE, JIMMIE LEE NAME 2.2 NAME 4235 N.W. 201ST ST. STREET ADDRESS 2.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 1111 6 HAYWOOD, CLEOLA NAME 3.2 NAME 4235 N.W. 201ST ST. STREET ADDRESS 3.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE THOMPKINS, PATRICIA NAME 4. 2 NAME 4235 N.W. 201ST ST. STREET ADDRESS 4.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1/11/1 HAYWOOD, ELLEN (ASST) NAME 5.2 NAME 4235 N.W. 201ST ST. STREET ADDRESS 5 3 STREET ADDRESS CAROL CITY FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Channe Addition TITLE WISE, DEBORAH (ASST) NAME 62 NAME 4235 N.W. 201ST ST. STREET ADDRESS 6.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby 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 ennual report or supplemental annual report is two and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, cycling a pathetimical with any defines.

**FILED** 

March 11, 1998 954-9870782