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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90101 010 \*\*\*150.00

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K23221

Corporation Name

MOYLAN ENTERPRISES, INC.

n: : .n.						<del>-{</del>	: CARAN BIRKI BIRDI A	HADI BIAK IRBI
Principal Place of Business Mailing Address						:		
80 N. HOMESTEAD BLVD HOMESTEAD FL 33030 HOMESTEAD FL 33030						4		
					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						05/10/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21		26				65-0122830	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	***	28				Trust Fund Contribution .	Added t	o Fees
Zip	Country Zip		Coun	Country		8. This corporation owes the current year I	ntangjøle	_
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registere	d #Kgent	
	AN OHNT		1	B1	Name	•		
MOYLAN, CLINT				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	- :	
80 N. HOMESTEAD BLVD			L	-			<del> </del>	
HON	MESTEAD FL 33030			B3				
				84	City	2 4 5 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6	. 85 Zip C	Code
						F	L	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	ithorized l	bv t	the corporation	ration submits this statement for the purpose on the board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE:	Registered A	aent	t signature required v	when reinstating) DATE	<del></del>	<u> </u>
12.	•	ID DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD DELETE 1.11		1.1 TITL	E		4.00	☐ Change	Addition
NAME	MOYLAN, EDWARD, JR.		1.2 NAM	Œ				. [
STREET ADDRESS	80 N. HOMESTEAD BLVD		1.3 STR	EET	ADDRESS	• •		
CITY-ST-ZIP	HOMESTEAD FL 14		1.4 CITY	1.4 CITY-ST-ZIP				{
TITLE			2.1 TITL	E			☐ Change	☐ Addition {
NAME	MOYLAN, CLINT		2.2 NAM	2.2 NAME				1
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS				{
CITY-ST-ZIP	HOMESTEAD FL 2.40		2. 4 CIT	Y-ST	r-zip			
TITLE .	☐ DELETE 3.11		3.1 TITL	E			☐ Change	☐ Addition
NAME			3.2 NAM	ΙE	1			
STREET ADDRESS	DRESS		3.3 STR	3.3 STREET ADDRESS			* * * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP			3.4. CIT	Y-ST	r-zip	44 (44 ) 4 (4 )	<u> </u>	154 (1945)
TITLE		☐ DELETE	4.1 TITU	E		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ Change	☐ Addition
NAME			4. 2 NAM	Æ				-
STREET ADDRESS			4.3 STR	EET,	ADDRESS	•		
CITY-ST-ZIP			4.4 CITY	-ST-	- ZiP			
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	Addition
NAME			5.2 NAM	E			•	
STREET ADDRESS			5.3 STRI	EET /	ADDRESS			ł

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 address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAMÉ

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

+ C.Maylan

1/29/49 (3-05)245-7400 Date Daytime Phone #

☐ Change

☐ Addition

CR2E034 (