

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K56057** (8)

1. Corporation Name
M.O.A.T., INC.



Principal Place of Business % M. ANTHONY CARUSO 2522 53RD ST SARASOTA FL 34234	Mailing Address % M. ANTHONY CARUSO PO-BOX 25228 SARASOTA FL 34277-2326 US
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3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 708 PROSPECT AVE Suite, Apt. #, etc. 22 City & State 23 HOT SPRINGS AR Zip 24 71901 Country 25 USA	2a. Mailing Address 26 708 PROSPECT AVE Suite, Apt. #, etc. 27 City & State 28 HOT SPRINGS AR Zip 29 71901 Country 30 USA
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4. FEI Number 65-0094288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARUSO, M. ANTHONY 2522 53RD ST SARASOTA FL 34234	
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10. Name and Address of New Registered Agent	
81 Name PAUL GOODMAN	
82 Street Address (P.O. box Number is Not Acceptable) 1051 MYRTLE AVE	
83	
84 City SARASOTA	85 Zip Code FL 34234

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 **PAUL GOODMAN** **4/29/97**

12. OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> DELETE
NAME CARUSO, M. ANTHONY	
STREET ADDRESS 2522 53RD ST	
CITY-ST-ZIP SARASOTA FL	
TITLE DVS	<input type="checkbox"/> DELETE
NAME CARUSO, ANN M.	
STREET ADDRESS 2522 53RD ST	
CITY-ST-ZIP SARASOTA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **M. ANTHONY CARUSO** **(800) 742-8448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)