

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K69477 1. Corporation Name Moon River Corp			
Principal Place of Business P.O. BOX 190399 FORT LAUDERDALE, FL 33319-0399		Mailing Address P.O. BOX 190399 FORT LAUDERDALE, FL 33319-0399	
2. Principal Place of Business 21 P.O. BOX 190399 Suite, Apt., etc. FORT LAUDERDALE, FL 22 33319-0399 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. BOX 190399 Suite, Apt., etc. FORT LAUDERDALE, FL 27 33319-0399 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent 81 Name NORMAN GALLON 82 Street Address (P.O. Box Number is Not Acceptable) 2451-4 ARAGON BLD 83 84 City SUNRISE FLORIDA FL 85 Zip Code 33322	
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 officer 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 Norman Gallon DATE 1/28/99			
12. OFFICERS AND DIRECTORS TITLE D IRG H GALLON [] DELETE NAME STREET ADDRESS 220 W. 71ST CITY-ST-ZIP NYC 10023 TITLE D RONG Y KLING [] DELETE NAME STREET ADDRESS 413 HICKORY DRIVE CITY-ST-ZIP TANORVILLE PA 18372 TITLE D JASON BY GALLON [] DELETE NAME STREET ADDRESS 413 HICKORY DRIVE CITY-ST-ZIP TANORVILLE PA 18372 TITLE P CRAIG STEWEN GLICK [] DELETE NAME STREET ADDRESS 2451-4 ARAGON BLD CITY-ST-ZIP SUNRISE FLA 33322 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 [] Change [] Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONG Y KLING

1/21/99

954-7482341

CRZE034 (11/98)