

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

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Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K69607** (5)
1. Corporation Name
MOORE INSURANCE, INC.



Principal Place of Business Mailing Address
6295 LAKE WORTH ROAD **6295 LAKE WORTH ROAD**
SUITE 12 **SUITE 12**
LAKE WORTH FL 33463 **LAKE WORTH FL 33463**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1624 MEADOWS CIR WEST** 26 **1624 MEADOWS CIR WEST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **BOYNTON BEACH, FL** 28 **BOYNTON BEACH**
Zip Country Zip Country
24 **33436** 25 **PALEMBACH** 29 **33436** 30 **PALEMBACH**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MOORE, WILLIAM J 81 Name **DONNA M. MOORE**
6295 LAKE WORTH ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 12 **1624 MEADOWS CIR WEST**
LAKE WORTH FL 33463 83
84 City **BOYNTON BEACH** FL 85 Zip Code **33436**

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 is 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 **Donna M. Moore, President, President 7/28/99** 5/6/98
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOORE, WILLIAM J	1.2 NAME	
STREET ADDRESS	6295 LAKE WORTH ROAD, SUITE 12	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOORE, DONNA M	2.2 NAME	
STREET ADDRESS	6295 LAKE WORTH ROAD, SUITE 12	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: **Donna M. Moore** 5/6/98 **Donna M. Moore 7/28/99 (50) 488-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 035923

K69607
608071-90012-24

August 13, 1999

Dear Sir or Madam,

In reference to Document # K69607 Moore Insurance, Inc., I am sending \$150.00 to renew my filing fee per Sammy Caldwell. Due to the fact I never received my renewal offer for 1999. I am changing the Registered Agent and the address.

Thank you.

Sincerely,


Donna M Moore

Donna M. Moore

Moore Insurance, Inc.