


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21065** (2)
1. Corporation Name
ANTHONY C. MOSCA JR. ENTERPRISES, INC.



Principal Place of Business 13594 LINDEN DR. SPRING HILL FL 34809-4159	Mailing Address 13594 LINDEN DR. SPRING HILL FL 34809-4159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13008 AGATHA LANE Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 15617 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/04/1989	
23 SPRING HILL, FL City & State 24 34609 Zip		28 SPRING HILL, FL City & State 29 34609-5617 Zip		4. FEI Number 59-2969578 Applied For Not Applicable	
25 U.S.A Country		30 U.S.A Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 U.S.A Country		31 U.S.A Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 U.S.A Country		32 U.S.A Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOSCA, MICHELLE
13594 LINDEN DR
SUITE D
SPRING HILL FL 34809**

10. Name and Address of New Registered Agent

81 Name	MOSCA, Michelle
82 Street Address (P.O. Box Number is Not Acceptable)	13008 AGATHA LANE
83	
84 City	SPRING HILL FL
85 Zip Code	34609

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 *Michelle Mosca* **3/9/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCA, ANTHONY C., JR.	1.2 NAME	MOSCA, ANTHONY C JR
STREET ADDRESS	13594 LINDEN DR.	1.3 STREET ADDRESS	13008 AGATHA LANE
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCA, MICHELLE	2.2 NAME	MOSCA, Michelle
STREET ADDRESS	13594 LINDEN DR.	2.3 STREET ADDRESS	13008 AGATHA LANE
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCA, KATHY	3.2 NAME	MOSCA, KATHY
STREET ADDRESS	13594 LINDEN DR.	3.3 STREET ADDRESS	13008 AGATHA LANE
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE *Michelle Mosca* **3/9/98** **352-683-4139**
Vice Pres.

CP2E034 (10/97)