FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L42652   (2)

1. Corporation Name
BLUE MOON INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
1280 N CONGRESS AVE # 103 WEST PALM BEACH FL 33409 US	1280 N CONGRESS AVE # 103 WEST PALM BEACH FL 33409-6377 US

3. Date Incorporated or Qualified 01/11/1990		**3a. Date of Last Report** 03/19/1996	

2. Principal Place of Business
21 3573 SW Corporate Pkwy

Suite, Apt. #, etc.
22 —

City & State
23 Palm City, FL

Zip 24 34990   **Country** 25 USA

2a. Mailing Address
26 3573 SW Corporate Pkwy

Suite, Apt. #, etc.
27

City & State
28 Palm City, FL.

Zip 29 34990   **Country** 30 USA

4. FEI Number 65-0166156 | Applied For / Not Applicable |

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PUCCIO, PAUL N.
1280 N CONGRESS AVE SUITE 103
CONGRESS BUSINESS CENTER
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 **Name** PAUL N. PUCCIO
82 **Street Address (P.O. Box Number is Not Acceptable)** 3573 SW CORPORATE PARKWAY
83
84 **City** PALM CITY   **FL** 85 **Zip Code** 34990

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 _[signature]_   PRESIDENT   4-25-97

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 **PD** / NAME **PUCCIO, PAUL N** STREET ADDRESS **1280 N CONGRESS AVE # 103** CITY-ST-ZIP **WEST PALM BEACH FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3573 SW CORPORATE PARKWAY PALM CITY, FL. 34990
TITLE **VT** NAME **PUCCIO, MICHELLE K** STREET ADDRESS **1280 N CONGRESS AVE # 103** CITY-ST-ZIP **WEST PALM BEACH FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 3573 SW CORPORATE PARKWAY PALM CITY, FL. 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.