SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92527

Country

9. Name and Address of Current Registered Agent

25

5173 SOUTH UNIVERSITY DRIVE

MURRAY, FRANCES A.

DAME FL 33328

(5)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

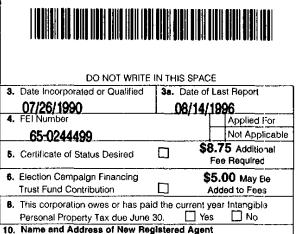
28

29

DAVIE MOOSE HALL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10331 OLEANDER COURT PEMBROKE PINES FL 33026 | 10331 OLEANDER COURT PEMBROKE PINES FL 33026 |

FILED Sep 19 1997 8:00am Secretary of State



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 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

B1

83

Street Address (P.O. Box Number is Not Acceptable)

30

| agent. I a | am tamiliar with, and accept the obligations of, Secti | on 607.0505, Flor | ida Statutes. | | | | |
|----------------|---|-------------------|-------------------------------------|--|---|-----------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applica | ibie (NOTE | Registered Agent signature required | whon reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | DELETE | 1.1 TITLE | The state of the s | ☐ Change | Addition | |
| NAME | MURRAY, FRANCES A. | | 1.2 NAME | | • | | |
| STREET ADDRESS | 10331 OLEANDER COURT | | 1.3 STREFT ADDRESS | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 1.4 DITY-ST-ZIP | | | | |
| TITLE | D | DELETE | 2.1 TITLE | | Change | Additio | |
| NAME | NORRIS, ANN K. | | 2.2 NAME | | | | |
| STREET ADDRESS | 10331 OLEANDER COURT | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 2.4 CITY-S1-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change | Additio | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Additio | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change | ☐ Additio | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY OT 710 | | | CACITY CT 7ID | | | | |

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 eath; 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.

0/11/00 00/1/21/11