

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 # **M03915** (9)
1. Corporation Name
MORING ADVISORY SERVICES INC.

FILED
Mar 21 1997 8:00am
Secretary of State



Principal Place of Business

9400 S. DADELAND BLVD.
SUITE 409
MIAMI FL 33156

Mailing Address

9400 S. DADELAND BLVD.
SUITE 409
MIAMI FL 33156-2833

3. Date Incorporated or Qualified 08/13/1984	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2438272	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MORING, ROBERT H
9400 S. DADELAND BLVD.
SUITE 409
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, and I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PD MORING, ROBERT	☐ DELETE
12.2 STREET ADDRESS	9400 S DADELAND BLV #409	
12.3 CITY-ST-ZIP	MIAMI FL	
12.4 TITLE		☐ DELETE
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY-ST-ZIP		
12.8 TITLE		☐ DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY-ST-ZIP		
12.12 TITLE		☐ DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY-ST-ZIP		
12.16 TITLE		☐ DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-ST-ZIP	

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.

SIGNATURE: Robert H. Moring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 (305)670-6897
Daytime Phone

0213837

CR2E034 (9/96)