

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006511 (7)

1. Corporation Name

MOTIVATION OPTIONS INITIATIVE SEEKING OUR NATURE
, INC.

Principal Place of Business

Mailing Address

100 SECOND AVENUE N.
SUITE 240
ST. PETERSBURG FL 33701

100 SECOND AVENUE N.
SUITE 240
ST. PETERSBURG FL 33701

FILED
Sep 03 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report 1st Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1927 Arrowhead Dr. N.E.
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 St. Petersburg, FL 33703
24 Zip	29 33703-1903
25 Country	30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FANT, CAROL E
ALLAN & SHIPP, P.A.
6675 - 13TH AVENUE NORTH, SUITE 2-C
ST. PETERSBURG FL 33710

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOISON, GERARD	
STREET ADDRESS	1927 ARROWHEAD DR. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOVONI, LEO J	
STREET ADDRESS	100 SECOND AVENUE N., SUITE 240	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARLESON, VIRGINIA	
STREET ADDRESS	159 MARION ROAD	
CITY-ST-ZIP	AMHERST NY 14226	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

26 Aug 97

D/2-577-1718

CR2E037 (4/97)