FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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(7)

1. Corporation Name MOBET, INC.

DOCUMENT #

Principal Place	of Business
C/O BETTY	J. MOSLEY
R.R. #1	

Mailing Address

C/O BETTY J. MOSLEY



R.R. #1 MOLINE IL 6		R.R. #1 MOLINE IL	61265		-	3. Date Incorporated or Qualified 08/28/1985		te of Last Report 02/02/1995	
Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For			
21		26				36-2612914		Not Applicable	
Suite, Apř. #	, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & Stal	te			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7()	Country 25	Zip 29	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
: 1	9. Name and Address of Cu	rrent Registered Ager	nt [10. Name and Address of New	Registere	d Agent	
				81	Name				
MORRISON, DAVID N. 911 CHESTNUT STREET CLEARWATER FL 33516		82	Street Address	ddress (P.O. Box Number is Not Acceptable)					
		83							
				84	,		F	85 Zip Code	
or registere	the provisions of Sections 607.0 ad agent, or both, in the State of h, and accept the obligations of,	Horida. Such change w	as authorized by the c	ve-n	named corporati oration's board	on submits this statement for the proof directors. I hereby accept the ap	urpose of c pointment	hanging its registered office as registered agent. I am	
SIGNATURE :	Signation, typed or printed name of registered	lagent and fitte if applicable	(NOTE: Registered	Agen	nt signature required w	hen reinstalling)	[:ATL		

SIGNATURE	passing typed or printed name of registered agent and tide if applicable	(NOTE: Reg	stered Agent signature requir	ed when reinstaling)	[JATL		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
Tillif	\$TD	DELETE	1. 1 TIFLE		☐ Change	☐ Addition	
NAME	MOSLEY, DENNIS R	l.	1.2 NAME				
STREET ADDRESS	RR #1		13 STREET ADDRESS				
OBY \$7-709	MOLINE IL		14 CITY - ST - ZIP				
Ti'th	P 0 □□	DELETE	2 1 TITLE		☐ Change	Addition	
NAME	MOSLEY, BETTY JANE		2.2 NAME				
STEEL ADDRESS	RR #1		2 3 STREET ADDRESS				
CHY-ST ZIP	MOLINE IL		2 4 CITY - ST - 2IP				
THE		DELETE	3 1 TITLE		Change	☐ Addition	
NAM:			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
OTY STIZE			3.4 CITY - ST - ZIP				
HELF		DELETE	4 1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
DITY STEZIE			4.4 CHY-ST-ZIP				
TILE		DELETE	5 1 TITLE		☐ Change	☐ Addition	
NAME			5 2 NAME				
STREET ACCURESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY - ST - ZIP				
TILLE		DELETE	6 1 TITLE		Change	■ Addition	
NAM:			6 2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CHY ST-7/P	cost for that the enforceation europlied with this filing is vo	<u></u>	64 CiTY-ST-ZIP	6. the second in Control 110	07/0/h) Florido Statut	ton I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: DENNIS R. MOSLEY,

CR2E034 (12/95)