## 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

1996

P93000060916 (2) **DOCUMENT #** 

SILVER MOON CONCEPTS, INC.							
Principal Place of Business Mailing Address  1153 ORANGE AVE.  WINTER PARK FL 32789-4907 WINTER PARK FL 3278					( 100/100) AND IDING TANK BOTH BOTH BOTH BOTH DATE DATE THE FAIL HOLD BY		
William	THE DEFOUND	•••••			3. Date Incorporated or Qualified 08/26/1993	3a. Date of La	ast Report 11/1995
Principal Place of Business     2a. Mailing Address				4. FEI Number		Applied For	
21 26						Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		C.		5. Certificate of Status Desired		3.75 Additional Fee Required	
22         27           City & State         City & State		City & State			6. Election Campaign Financing		5.00 May Be
23	•	28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Coun	itry	8. This corporation has liability for in		ders 199.032,
24	25	29	30			□No	
	9. Name and Address of Currer	nt Registered Agent		ZZT	10. Name and Address of New R	egistered Agen	ut
				81 Name			
GOUDA, MICHAEL				82 Street Add	lress (P.O. Box Number is Not Acceptabl	e);	
1153 Orange ave. Winter Park Fl 32789-4907			<u> </u>	83		~	
WINTE	R PARK FL 32/09-490/					·	T
			-	B4 City		FL 85	Zip Code
SIGNATURE .	Signature, typied or printed name of regulation agen OFFICERS AN	ID DIRECTORS	13.	Agort Eigneton, requir	od where in collaboration ADDITIONS/CHANGES TO OFFI		
TITLE	D	☐ DELETE		re		Ch	ange [] Addit on
NAME	GOUDA, MICHAEL		1.2 NA/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789-4	SOI.		Y-ST-ZIP		☐ C1	lange Addition
TITLE NAME	CALDER, DONALD G	Albertie	2 2 NA	l			• -
STREET ADDRESS	1153 ORANGE AVE.			REEL ADDRESS			
CITY-SI-ZIP	WINTER PARK FL 32789-4	907	2.4 CIT	Y - ST - Z(P)			
TITLE	D	DELETE	3 1 TH	TLF.		☐ Ch	ange 🔲 Addition
NAME	RALTON, DEBORAH	•	3.2 NA				
STREET ADDRESS	1153 ORANGE AVE.		E E	HELT ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789-4			Y-S1-ZIP		Cr	nange   Addition
TOLE		DELETE	4. 1 TH			Ü.	ia igo risa.com
NAME expect appeace				REET ADORESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE				☐ Cr	nange Addition
NAME			5 2 NA	ME			
STREET ADDRESS	1						
CHTY - ST - ZIP			5351	REET ADDRESS			
			5401	i i			
TITLE		DELETI	5401	REET AODRESS LY- ST-71P		Cr	nange Addition
TITLE NAME		DELETI	54 CIT E 6 1 TI 6 2 NA	HEET ADDRESS LY-ST-7IP LEF ME			nange Addition
		DELETI	54 CIT E 6 1 TI 6 2 NA	BEET AODRESS IV-ST-7IP ICE		cı	nange 🗍 Addition

14. It do hereby certify that the information supplied with this filling 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 trusted 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 anothers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Private

Distric