FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079924 (5)

FULL MOON INTERIORS, INC.

Principal Place of Business Mailing Address 9715 NW 18TH ST 9715 NW 18TH ST **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071-5879 3. Date Incorporated or Qualified 3n. Date of Last Report 11/19/1993 04/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KNUDSON, ANDREA 9715 NW 18TH ST Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 **B4** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative, typical or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TITLE Change Addition HILE KNUDSON, ANDREA 9715 NW 18 Th STREET 1.2 NAME NAME 2200 NW 61ST PLACE CORAL SPRINGS FL 33071-5879 STREET ADDRESS 1.3 STREET ADDRESS -MARGATE FL 33063 1.4 CITY-ST-ZIP 0.1Y - \$1 - 2\P DELETE Change Addition 2.1 TITLE HH_{L} PERSICO, JUDITH **2.2 NAME** 2035 NW 45TH AVENUE 2.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33066** 2.4 CITY-ST-ZIP CITY-S! DELETE TRUE 31 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - St - ZIP DELETE Chance Addition TILLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CIY-ST-7P ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAMi 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-\$T-ZiP C-TY-ST-2# DELETE Change Addition 61 TITLE TILLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP 6.4 CiTY-ST-ZiP 14. Loo 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.