

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000028739 (8)

1. Corporation Name

FULL MOON OVER FLORIDA, INC.

Principal Place of Business

11894 150TH CT N  
JUPITER FL 33478

Mailing Address

11894 150TH CT N  
JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

65-0483147

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BASS, DONALD L.  
7166 SE OSPREY ST  
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

Thomas D. Cole C.P.A.

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

140 Intracoastal Pointe Dr.

83

Suite 305

84 City

Jupiter, FL.

FL

33477-5064

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. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DIPAOLO, JANICE  
STREET ADDRESS 11894 150TH CT N  
CITY-ST-ZIP JUPITER FL 33478

TITLE D  
NAME DIPAOLO, MICHAEL  
STREET ADDRESS 11894 150TH CT N  
CITY-ST-ZIP JUPITER FL 33478

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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. I am  
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:

*[Signature]*

561-147-2975  
1-5-98

CR2E034 (10/97)