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

PROFIT CORPORATION ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan.

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000030552 (0)

Corporation Name	700003333	V
I MOODE ADDOOUTED		

Principal Plac	OORE ASSOCIATES, INC.	Mailing Address P O BOX 1591 BOCA RATON FL 334			
_	Place of Business	2a. Making Address		06/01/1994	Date of Last Report 04/24/1995
Suite Apt	N - L -	26		4. FEI Number 65-0569 APPLIED FOR	5 78 Applied For Not Applicable
22 Suite Apr	#, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
Crty & Stat	te	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for intangib	le tax under s 199.032.
	25 9. Name and Address of Cui	rent Registered Agent	[30]	Florida Statutes 🔲 Yes 🐼 No	
			81 Name	10. Name and Address of New Register	ed Agent
	, JAMES D		82 Street Add	/D.O. D	
	ROYAL PALM ROAD		5treet Addi	ress (P.O. Box Number is Not Acceptable)	
APT 206			83		
3 BUCA H	RATON FL 33432		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statut	The chart are	ration submits this statement for the purpose of	· L `
or register familiar wi	red agent, or both, in the State of F ith, and accept the obligations of, S	lorida. Such change was authorize	ed by the corporation's boa.	ration submits this statement for the purpose of ro of directors. I hereby accept the appointment	changing its registered office as registered agent. Lan:
SIGNATURE					and a digo (dij)
12.	Signal religioned or printed name of registeres a		TE Bury See. Agent significen require	d where respectating DATE	
TITLE	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition Change Addition
NAME	MOORE, JAMES D	☐ DELETE	1 1 TITLE		Change Addition
STREET ADDRESS	200 E ROYAL PALM RD #2	206	1.2 NAME		25
CITY-ST-ZIP	BOCA RATON FL 33432	.00	1.3 STREET ADDRESS 1.4 COVEST IZE		ĺĎ
TITLE		DELFTE	2 1 TITLE		Change Addition
NAME	,		2.2 NAME		☐ Change ☐ Addition ☐
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-Zip Title			2.4 CITY - ST - ZIP		
NAME		☐ DELETE	3 1 TIFLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
City-St-Zip			3.3 STREET ADDRESS		
TITLE		DELETE	3.4.01fy - \$1 - ZIP 4.1.1flE		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS	9000018225	<u> 0</u> 9
CITY - ST - ZIP			4.4 CiTY+S1, ZiP	-05/15/96010520)33
TITLE		☐ DELETE	5 1 TILLE	***200,00	☐ Change ☐ Addition
NAME			5.2 NAME		_ , ,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		C) Desert	5 4 CiTY - ST - ZiP		
IAME		DELETE	6 1 THE		Change Addition
FREET ADDRESS			6.2 NAME		A-62
ITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
4 1			■ 0.4 OHT : 51- ZIF		ハーノンノム

1 do hereby certify that the information supplied with this filting 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.96 407-391-1175