SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054713 (0)

FOUTH	I MOON TRADING CORPOR	RATION, INC.			
Principal Plac	e of Business	Mailing Address	***************************************	T TORESTOREST NIN COLUS BINNIC BRITS BODIN BODI	
1639 MANDARIN MANOR P O BOX 24454 JACKSONVILLE FL 32223 JACKSONVILLE FL 32241- US US			4454	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
a Principal D	Place of Business	2a. Mailing Address		07/22/1994 4. FEI Number	05/01/1996
21	lace of Business	26. Walling Address			Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-3266789	CR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
I ZID	Country	Zip	Country	8. This corporation owes or has pai-	d the current year Intangible
24	25		30	Personal Property Tax due June	
	g, Name and Address of Currer	it Registered Agent		10. Name and Address of New Reg	elstered Agent
	ADARO, CARL R		81 Name		
1638 MANDARIN MANOR ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable	Θ)
JA	CK SON VILLE FL 32223				
			83		
	•		84 City		FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered age	ont and trilo if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	KIM R. SPADARO		1.2 NAME		
STREET ADDRESS	1638 MANDARIN MANOR FR	D	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	and the second s	
TITLE	T8	DELETE	2.1 TITLE		Change Addition
NAME	SPADARO, CARL R		2.2 NAME :		
STREET ADDRESS	1638 MANDARIN MANOR RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		רו הברבוב	3.1 TITLE		□ privantite □ Word(flot)
NAME STOCET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	1	<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ne
STREET ADDRESS			5.3 STREET ADDRESS		YE_
CITY-ST-ZIP	general control of the control of th		5.4 CITY - ST - ZIP		8.67
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	900002289 -08/28/970110	U2 <u>7</u> 9
STREET ADDRESS			6.3 STREET ADDRESS	-08/28/970110	8027
CITY-ST-ZIP			6.4 C/TY+ST-ZIP	***550.00	i

6.4 CITY-ST-ZIP

14. I do 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 reports 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 enhancement with an address.