SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000057604 (8)

1. Corporation Name

BLUE MOON ENTERPRISES, INC.

Principal Place of Business
1751 HICKORY GATE DR S
DUNEDIN FL 34698
US

Mailing Address
1751 SOUTH HICKORY GATE DR
DUNEDIN FL 34698
US

2. Principal Place of Business
21 PO Box 5211
Suite, Apt. #, etc
22
City & State
23 Palm Harbor FL
Zip
24 34684
Country
25 Pinellas

2a. Mailing Address
26 PO Box 5211
Suite, Apt. #, etc
27
City & State
28 Palm Harbor FL
Zip
29 34684
Country
30 Pinellas

3. Date Incorporated or Qualified: 06/04/1994
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-3265391 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Lirot-Dolan, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 112 East Street, Suite S
83
84 City: Tampa FL 85 Zip Code: 33602

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: Sandra Masters   DATE: 6/7/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1 1 TITLE	President ☑ Change ☑ Addition
NAME	GLUCK, MARTIN		1 2 NAME	Gluck, Martin
STREET ADDRESS	1647 SUMMERDALE DR		1 3 STREET ADDRESS	1751 S. Hickory Gate Dr
CITY-ST-ZIP	CLEARWATER FL		1 4 CITY-ST-ZIP	Dunedin FL 34698
TITLE		☐ DELETE	2 1 TITLE	VP ☐ Change ☑ Addition
NAME			2 2 NAME	Gluck Gerald
STREET ADDRESS			2 3 STREET ADDRESS	2379 Gun Flint Trail
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE		☐ DELETE	3 1 TITLE	Secretary/Treasurer ☐ Change ☑ Addition
NAME			3 2 NAME	Masters, Sandra
STREET ADDRESS			3 3 STREET ADDRESS	2327 Woodbend Circle
CITY-ST-ZIP			3 4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			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	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Masters Sandra Masters 6/7/96   813 781 5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (3/96)