

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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State Division of Corporations
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DOCUMENT # P94000060222 (4)
1. Corporation Name
THE MOON AND ME, INC.

Principal Place of Business 61 S.E. 1ST AVE BOCA RATON FL 33432	Mailing Address 61 S.E. 1ST AVE BOCA RATON FL 33432
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2. Principal Place of Business 21 State Apt # etc 22 City & State 23	2a. Mailing Address 26 State Apt # etc 27 City & State 28
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29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report
4. FEI Number 65-0509096	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financials Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. This corporation's fees liability for management fees under § 199.001, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
**LEFEORT, RONI
61 S.E. 1ST AVE
BOCA RATON FL 33432**

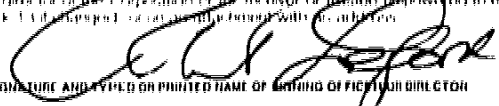
10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 199.001, 199.002, and 199.003, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligation of such registered agent. Signatures

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	OFFICE ADDRESS	NAME	OFFICE ADDRESS
1. NAME	1. OFFICE ADDRESS	2. NAME	2. OFFICE ADDRESS
2. NAME	2. OFFICE ADDRESS	3. NAME	3. OFFICE ADDRESS
3. NAME	3. OFFICE ADDRESS	4. NAME	4. OFFICE ADDRESS
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99. NAME	99. OFFICE ADDRESS	100. NAME	100. OFFICE ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing in the State of Florida. I further certify that the information furnished on this annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the secretary or treasurer and I am duly qualified to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of this report. I am duly qualified to execute this report with this information.

SIGNATURE:  **4/30/95** **407 488 0250**

SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF FINANCIAL OFFICER

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **P94000060899 (9)**

1. Corporation Name

FORTUNE CONSULTING GROUP, INC.

2. Principal Place of Business

**2001 N.E. 59TH CT.
FT. LAUDERDALE FL 33308**

2a. Mailing Address

**2001 N.E. 59TH CT.
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

4. FCI Number

65-0512761

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 complied for the past year with the provisions of Chapter 607, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 State Apt. #

2a. Mailing Address

26 State Apt. #

22 City & State

27 City & State

23

28

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, ROBERT E
2001 N.E. 59TH CT.
FT. LAUDERDALE FL 33308**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0903, Florida Statutes.

SIGNATURE

12. Registered Agent (Signature)

13. Registered Agent (Signature)

14

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY & STATE

1. NAME
2. STREET ADDRESS
3. CITY & STATE

**PRESIDENT
ROBERT E. JONES
2001 N.E. 59 COURT
FT. LAUDERDALE, FL. 33308**

☐ Change ☒ Addition

1. NAME
2. STREET ADDRESS
3. CITY & STATE

1. NAME
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☐ Change ☐ Addition

1. NAME
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☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY & STATE

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

14. I am hereby certifying that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Sections 607.0902 and 607.1504, Florida Statutes. I further certify that the information indicated on the 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 shareholder of this corporation or the registered agent or have been appointed to meet this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the report or is an authorized agent with an address.

SIGNATURE:

Robert E. Jones
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 1995 (305) 491-9652