
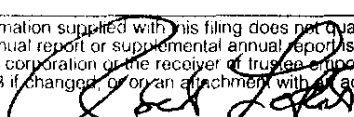


FILED

Jan 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000060222 (4)</b>			
<b>1. Corporation Name</b> <b>THE MOON AND ME, INC.</b>			
<b>Principal Place of Business</b> 61 S.E. 1ST AVE BOCA RATON FL 33432		<b>Mailing Address</b> 61 S.E. 1ST AVE BOCA RATON FL 33432-4836	
<b>2. Principal Place of Business</b> <b>21</b> 271 VIA ROSADA Suite, Apt. #, etc. <b>22</b> # 41 City & State <b>23</b> Boca Raton FL Zip <b>24</b> 33432 Country <b>25</b> USA		<b>2a. Mailing Address</b> <b>26</b> 271 VIA ROSADA Suite, Apt. #, etc. <b>27</b> # 41 City & State <b>28</b> Boca Raton FL Zip <b>29</b> 33432 Country <b>30</b> USA	
<b>g. Name and Address of Current Registered Agent</b>			
LEFCORT, RONI 61 S.E. 1ST AVE BOCA RATON FL 33432		LEFCORT 271 VIA ROSADA # 41	
		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City	
<b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent or both, in the State of Florida. Such change was authorized by the corporation or registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEFEART, RONI 3069 NE 25TH TERR BOCA RATON FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEFCORT, LEONA 3570 SO OCEAN BLVD PALM BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEFCORT, ROBERT 3069 NW 25TH TERR BOCA RATON FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	
<b>13.</b> 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			
<b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with address.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_