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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000080001 (8)

1. Corporation Name
MOOOSH, INC.



Principal Place of Business
5400 E BUS HWY 98
PARKER FL 32404
US

Mailing Address
PO BOX 10250
PARKER FL 32404
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-3272425	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DICKEY, RONDELLE S 606 NAUTILUS DR ST JOE BEACH FL 32456		10. Name and Address of New Registered Agent	
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTMD	1.1 TITLE	VSDM
NAME	DICKEY, RONDELLE S	1.2 NAME	THOMAS E. Dickey
STREET ADDRESS	606 NAUTILUS DR	1.3 STREET ADDRESS	606 NAUTILUS DR
CITY-ST-ZIP	ST JOE BEACH FL	1.4 CITY-ST-ZIP	ST JOE BEACH FL
TITLE	VDM	2.1 TITLE	
NAME	SCHMIDT, GRADY	2.2 NAME	
STREET ADDRESS	4108 SUE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	ARAGON, RICK SR	3.2 NAME	
STREET ADDRESS	7009 BENTON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAWAY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Rondelle S. Dickey 4/23/98 850-647-3792

CR2E034 (10/97)