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 # **P94000092607 (8)**

1. Corporation Name
MOORE SECURE PRODUCTS, INC.

Principal Place of Business	Mailing Address
5845 BENT PINE DR., #214 ORLANDO FL 32822	5845 BENT PINE DR., #214 ORLANDO FL 32822

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business
21: 4333 Kandra Ct.
22: Suite, Apt. #, etc.
23: City & State: Orlando, Fl
24: Zip: 32812
25: Country: USA

2a. Mailing Address
26: 4333 Kandra Ct.
27: Suite, Apt. #, etc.
28: City & State: Orlando, Fl
29: Zip: 32812
30: Country: USA

4. FEI Number: 59-3283602 ☐ 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

MOORE, MICHAEL L
5845 BENT PINE DR., #214
ORLANDO FL 32822

Address change only →

10. Name and Address of New Registered Agent

81 Name: michael h. moore
82 Street Address (P.O. Box Number is Not Acceptable): 4333 Kandra Ct.
83:
84 City: Orlando FL 85 Zip Code: 32812

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: Michael R. Moore — Michael h. moore — 8-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, MICHAEL L 5845 BENT PINE DR #214 ORLANDO FL	☐ DELETE Address → Change only	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	michael h. moore 4333 Kandra Ct Orlando, Fl. 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, MICHAEL L 5845 BENT PINE DR #214 ORLANDO FL	☐ DELETE Address Change only →	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	michael h. moore 4333 Kandra Ct. orlando, Fl 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, MICHAEL L. 5845 BENT DRIVE #214 ORLANDO FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, MICHAEL L 4845 BENT PINE #214 ORLANDO FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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: Michael R. Moore President 8-6-96 407 282-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #