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
5845 BENT PINE DR., #214
ORLANDO FL 32822

Mailing Address
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.
Suite, Apt #, etc.
22
City & State
23 Orlando, Fl
Zip 24 32812 Country 25 USA

2a Mailing Address
26 4333 Kandra Ct.
Suite, Apt #, etc
27
City & State
28 Orlando, Fl
Zip 29 32812 Country 30 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 L. Moore — Signature typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — michael h. moore — DATE: 8-6-96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MOORE, MICHAEL L	
STREET ADDRESS	5845 BENT PINE DR #214	Address change only
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	MOORE, MICHAEL L	
STREET ADDRESS	5845 BENT PINE DR #214	Address change only
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☐ DELETE
NAME	MOORE, MICHAEL L.	
STREET ADDRESS	5845 BENT DRIVE #214	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MOORE, MICHAEL L	
STREET ADDRESS	4845 BENT PINE #214	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	michael h. moore	
1.3 STREET ADDRESS	4333 Kandra Ct	
1.4 CITY-ST-ZIP	Orlando, Fl. 32812	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	michael h. moore	
2.3 STREET ADDRESS	4333 Kandra Ct.	
2.4 CITY-ST-ZIP	orlando, Fl 32812	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

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