FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002235 (6)**

1. Corporation Name

MOCO, INC.

Principal Place of Business	Mailing Address
8649 N. HIMES AVE. #1412 TAMPA FL 33614	1750 A1A SOUTH SUITE B ST. AUGUSTINE FL

3. Date Incorporated or Qualified: 01/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3303 N. Lakeview Dr
Suite, Apt. #, etc.
22 Apt # 1814
City & State
23 Tampa FL
Zip
24 33618
Country
25 US

2a. Mailing Address
26 3303 N. Lakeview Dr
Suite, Apt. #, etc.
27 Apt # 1814
City & State
28 Tampa FL
Zip
29 33618
Country
30 US

4. FEI Number: 59-3290469 ☐ 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

CONNER, ROBIN H
1750 A1A SOUTH
SUITE B
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Brian R. Laferriere
82 Street Address (P.O. Box Number is Not Acceptable): 3303 N. Lakeview Dr
83 Apt # 1814
84 City: Tampa FL 85 Zip Code: 33618

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: Brian R. Laferriere DATE: 6-7-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LAFERRIERE, BRIAN	
STREET ADDRESS	8649 N. HIMES AVE., #1412	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Brian R. Laferriere	
1.3 STREET ADDRESS	3303 N. Lakeview Dr Apt # 1814	
1.4 CITY-ST-ZIP	Tampa FL 33618	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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***225.00

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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: Brian R. Laferriere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-17-96
Daytime Phone #: (813) 963-6103

05 6/19/96