FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

TOWNSEND, DAVID A 608 W HORATIO STREET TAMPA FL 33606-2228



PROFIT CORPORATION ANNUAL REPORT 1996	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P9500	00024727 (6)			
FLYING MOOSE, INC.				
Principal Place of Business	Mailing Address			
4600 N HABANA AVENUE. #28	4600 N HABANA AVENUE. #28 Tampa Fl 33614			
TAMPA FL 33614		3. Date incorporated or Qualified 03/28/1995	3a. Date of Last Report	
Principal Place of Business	2a. Mailing Address	4, FEI Number	Applied For Not Applied	
21 62 14 BAYSHORE B. Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cny & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	28 TAMPA, PL. Zip Country 20 33611 30 U.S.A	8. This corporation has liability for Florida Statutes	s [] No	
9. Name and Address of Cu		10. Name and Address of New I	Registered Agent	
9. Name and Address of Co	91 Name			

		5. Certificate of Status Desired		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Country	5.A	FIGHUS Statutes	s ∐No_	
- -	 -	10. Name and Address of New I	Registered	d Agent
81	Name			
82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
83			-	
84	City			85 Zip Code
84	City		F	<u> </u>

Not Applicable

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

lamillar with	I, and accopt the congent of			
SIGNATURE	Signature, typed or partied that is of responses Legicial and life of op-		Registered Agran signar ire required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECT	ORS	13.	Change Addition
THILE	P	DELETE	1 1 TITLE	
NAME	GREY, LAWRENCE F		: 12 NAME	
STREET ADDRESS	4600 N HABANA SUITE #28		1.3 STHEET ADDRESS	
	TAMPA FL 33614		1.4 CH Y - ST - ZIP	Change Addition
CITY - ST - ZIP	VST	DELETE	2 1 TITLE	
TITLE			2.2 NAME	
NAMÉ	LAVALLEE-GREY, MURIEL 6214 BAYSHORE BOULEVARD		2.3 STREET ADDRESS ;	
STREET ADDRESS	6214 BATSHURE BOULEVARD		24 CiTY - ST - ZIF	TO Add on
CITY-ST-ZIP	TAMPA FL 33611	DELFIE	3 1 TITLE	Change Addition
TITLE			3 2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4 City - St. ZiP	
CITY - S1 - ZIP		- FI DOLETE	4 1 TIFLE	Cnange Addition
TITLE		☐ DELETE		
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHTY - ST - ZIP			4.4.C+TY - ST - Z+F	Addition
TITLE		☐ DELETE	. 5 1 Tille	30000183150°6 □ Addition -05/21/9601040004
NAMÉ			5.2 NAME	***200.00
			5.3 STREET ADDRESS	**** <u>*********************************</u>
STREET ADDRESS			5.4 CHY-ST-ZIF	Change Addition
CITY-ST-ZIP		DELETE	6 1 TillE	Coupling 1 Address 1 Address 2
TITLE		_	62 NAME	(1)
NAME			€ 3 STREET ADDRESS), 1 ¹²⁰

14. Ido 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 Information indicated on the agonal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if no de under carrier that it is information indicated on the agonal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if no de under carrier that it is made accurate an officer or efficiency of 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 mock 15 than geld.

SIGNATURE:

STREE" ADDRESS