FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024727 (6)

FLYING MOOSE, INC.

Principal Place of Business	Mailing Address	
6214 BAYSHORE BLVD. TAMPA FL 33611	6214 BAYSHORE BLVD. TAMPA FL 33611	
		3. C
2. Principal Place of Business 21	2a. Mailing Address 26	4. F
Suite, Apt. #, etc	Suito, Apt. #, etc.	

FILED Mar 19 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					IBRIL BOLLO REPE	ir ululi (palu)i a	/H HOULIDAY
6214 BAYSHORE BLVD. 6214 BAYSHORE BLVD. TAMPA FL 33611					DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualified	j		
<u> </u>	Marian Company	1 2				03/28/1995			
	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	# otc	[26]				NOT APPLICABLE			ot Applicable
22		Suito, Apt #, etc.				5. Certificate of Status Desired		Fee Ro	Additional equired
City & Stat	e.	City & State				6. Election Campaign Financing			May Be
Z ip	Country	[28] Zip	Coul	nine		Trust Fund Contribution			to Fees
24	25	29	30	ı ııı y		8. This corporation owes or has personal Property Tax due Jui			tangible D No
	g, Name and Address of Current		1301			10. Name and Address of New F			
TO	WNSEND, DAVID A			81	Name	<			
608 W HORATIO STREET		}	82	Street Addre	Iress (P.O. Box Number is Not Acceptable)				
TAI	MPA FL 33606-2228		ł	В3					
			-	84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 0502 egistered agent, or both, in the State of	and 607 1508, Florida Statut f Horida, Such change was	es, the a b	ove	e-named corporation	pration submits this statement for the	DI WOODO O	f observing it	is registered
agent La	m familiar with, and accopt the obligati	ions of, Section 607 0505, Flo	vida Statu	utes	i.	on a board of directors. Thereby acc	sprine app	JOHNSTIE 45	redistered
SIGNATURE	Signature, typed or printed name of repetiered agent				·				
12.	OFFICERS AND		13.	Ager	nt signature require	ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	OC 161 10
TITLE	P	DETETE	1111	LE.		ADDITIONS/CHANGES TO OFF	ICENS AIVE	Change	Addition
NAME	GREY, LAWRENCE F		1.2 NA	MF					
STREET ADDRESS I	4600 N HABANA SUITE #28	NEW ADMess	1461	WIT-	anonroa > 6	114 BAYSHORE	BLUI	7	
CITY-ST-ZIP	TAMPA FL 33614	1	14 01	Y-51	1.7IP	TAMPA, FL	334	.71	
TITLE	VST	DELETE	2 1 TIT	LF	-			Change	Addition
NAME	LAVALLEE-GREY, MURIEL		2 2 NAI	MÉ				_ •	_
STREET ADDRESS	6214 BAYSHORE BOULEVARD		2 3 STF	REET A	ADDRESS				ĺ
CITY-ST-ZIP	TAMPA FL 33611		2 4 00	IY-SI	T-ZIP				
TITLE		DELFTE	3 1 1(1)	_			····	☐ Change	Addition
NAME			3 2 NAI	ΜE					
STREET ADDRESS			3 3 S T F	REET	address				
CITY-ST-ZIP			3.4 CI1	TY - \$1	T-ZIP				ļ
TITLE		☐ DELETE.	4.1 (()					Change	Addition
NAME		•	4 2 NA	ME					1
STREET ADDRESS			4 3 STR	REE T A	ADDRESS				
CITY-ST-ZIP			4 4 CIT	Y - ST	- ŽIP				
TITLE		☐ DELFTE	5 1 Tita	LE				Change	Addition
NAME			5.2 NAM	ME					
STREET ADDRESS			5.3 STR	EET A	ADDRESS .				
CITY+\$1-ZIP			5.4 CIT	Y-\$1	- ZIP				·
TITLE		☐ DELETE	6.1 TITL	E				Change	Addition
NAME			6.2 NAM	ME					
STREET ADDRESS			6 3 S1R	EET A	ADDRESS				
CITY-ST-ZIP		1 NB	64 CIT	Y- \$1	- ZIP				
14 I harabu c	write that the intermedien conding built	مع به آمر باید و معمله میردانه ماداد.	- 46						

ated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: