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PROFIT CORPORATION ANNUAL REPORT '1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P950	വവ	028	7	65
1. Corporation Name				<u> </u>	•	

MOORE LEISURE, INC.

Principal	Place	of	Business	

Mailing Address



77 EXECUTIVE CENTER DR. WEST 877 EXECUTIVE CENTER DR. WEST UTIE 303 SUTIE 303 T. PETERSBURG FL 33702 ST. PETERSBURG FL 33702			DO NOT WR	ITE IN THIS S	SPACE		
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lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
	26			59-3309138		No	t Applicable
#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
е				& Election Campaign Financing		\$5.00	May Re
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		8	1 Name			•	
CARA, ERNEST L		L		A LL CO	-bl-\		
EXECUTIVE CENTER DR. WEST.		8	2 Street	Address (P.O. Box Number is Not Accept	able)		
IE 303		8	3				
PETEROBURG PL 33/02	•	8	4 City		FI	85 Zip (Code
to the provisions of Continue 607 050	2 and EO7 1509 Elected Statute	e the abo	ve-pamed	corporation submits this statement for the		hanging its	registered
registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized b ida Statute	y the corposes.	pration's board of directors. I hereby acce	pt the appoint	ment as re	gistered
				•			
					0.475		ì
Signature, typed or printed name of registered ager			gent signature r	equired when reinstating)	DATE	DIRECTO	DRS IN 12
OFFICERS AN	D DIRECTORS	13.		equired when reinstating) ADDITIONS/CHANGES TO OF			
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	Country 25 9. Name and Address of Curren CARA, ERNEST L EXECUTIVE CENTER DR. WEST. E 303 PETERSBURG FL 33702 to the provisions of Sections 607.050; poistered agent, or both, in the State	SUTIE 303 ST. PETERSBURG FL 33702 ace of Business 2a. Mailing Address 2b. #, etc. Suite, Apt. #, etc. City & State 2a. City & State 2b. Country Zip 25 9. Name and Address of Current Registered Agent CARA, ERNEST L EXECUTIVE CENTER DR. WEST. E 303 PETERSBURG FL 33702 to the provisions of Sections 607.0502 and 607.1508, Florida Statute poistered agent, or both, in the State of Florida. Such change was at	SUTIE 303 ST. PETERSBURG FL 33702 ace of Business 2a. Mailing Address 2b. #, etc. Suite, Apt. #, etc. City & State 28 Country Zip Country Suite, Apt. #, etc. 27 9. Name and Address of Current Registered Agent CARA, ERNEST L EXECUTIVE CENTER DR. WEST. E 303 PETERSBURG FL 33702 Registered agent, or both, in the State of Florida. Such change was authorized begistered agent, or both, in the State of Florida. Such change was authorized begistered agent, or both, in the State of Florida. Such change was authorized begistered agent, or both, in the State of Florida. Such change was authorized begistered agent, or both, in the State of Florida. Such change was authorized begistered agent.	SUTIE 303 ST. PETERSBURG FL 33702 ace of Business 2a. Mailing Address 2b. 4. etc. Suite, Apt. #, etc. City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent CARA, ERNEST L EXECUTIVE CENTER DR. WEST. E 303 PETERSBURG FL 33702 SUTIE 303 City & State 28 Country 29 STreet 81 Name 82 Street 83 City	SUTIE 303 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualified O4/12/1995 ace of Business 2a. Mailing Address 25	SUTIE 303 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 3. Date Incorporated or Qualifed 04/12/1995 ace of Business 2a. Mailing Address 2b. FEI Number 59-3309 138 #, etc. Suite, Apt. #, etc. City & State 2a. City & State 2b. Country 2cip 2country 2cip 2country 2cip 2country 2cip 2country 2cip 2country 3cip 2country 3cip 3cip 3cip 3cip 3cip 3cip 3cip 3cip	SUTIE 303 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/12/1995 4. FEI Number 59-3309138 No 8.75 A Fee Re City & State Country Zip

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

727-595-7635