
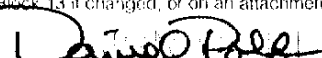


FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000047715 (4)</b>			
<b>1. Corporation Name:</b> <b>MOXIE TECHNOLOGIES, INC.</b>			
<b>Principal Place of Business</b> <b>125 S WOOPE AVE. STE 104</b> <b>MAITLAND FL 32751</b>		<b>Mailing Address</b> <b>125 S WOOPE AVE. STE 104</b> <b>MAITLAND FL 32751</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21 125 S. SWOOPE AVE.</b> Suite, Apt #, etc.		<b>26 125 S. SWOOPE AVE.</b> Suite, Apt #, etc.	
<b>22 STE. 104</b> City & State		<b>27 STE. 104</b> City & State	
<b>23 MAITLAND FL</b> Zip		<b>28 MAITLAND FL</b> Zip	
<b>24 32751</b> Country		<b>29 32751</b> Country	
<b>25 USA</b>		<b>30 USA</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>POLFER, DANIEL A</b> <b>984 VINERIDGE RUN</b> <b>SUITE 20-208</b> <b>ALTAMONTE SPRINGS FL 32714</b>			<b>81 Name</b>  <b>82 Street Address</b>  <b>83</b>  <b>84 City</b>
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b>			
Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>1. TITLE</b> <b>PD</b>		<input type="checkbox"/> DELETE	
<b>2. NAME</b> <b>POLFER, DANIEL A</b>			
<b>3. STREET ADDRESS</b> <b>984 VINERIDGE RUN, #20-208</b>			
<b>4. CITY-ST-ZIP</b> <b>ALTAMONTE SPRINGS FL 32714</b>			
<b>5. TITLE</b> <b>ST</b>		<input type="checkbox"/> DELETE	
<b>6. NAME</b> <b>POLFER, AMY H</b>			
<b>7. STREET ADDRESS</b> <b>984 VINERIDGE RUN, #20-208</b>			
<b>8. CITY-ST-ZIP</b> <b>ALTAMONTE SPRINGS FL 32714</b>			
<b>9. TITLE</b>		<input type="checkbox"/> DELETE	
<b>10. NAME</b>			
<b>11. STREET ADDRESS</b>			
<b>12. CITY-ST-ZIP</b>			
<b>13. TITLE</b>		<input type="checkbox"/> DELETE	
<b>14. NAME</b>			
<b>15. STREET ADDRESS</b>			
<b>16. CITY-ST-ZIP</b>			
<b>17. TITLE</b>		<input type="checkbox"/> DELETE	
<b>18. NAME</b>			
<b>19. STREET ADDRESS</b>			
<b>20. CITY-ST-ZIP</b>			
<b>13.</b>			
<b>1.1 TITLE</b>			
<b>1.2 NAME</b>			
<b>1.3 STREET ADDRESS</b>			
<b>1.4 CITY-ST-ZIP</b>			
<b>2.1 TITLE</b>			
<b>2.2 NAME</b>			
<b>2.3 STREET ADDRESS</b>			
<b>2.4 CITY-ST-ZIP</b>			
<b>3.1 TITLE</b>			
<b>3.2 NAME</b>			
<b>3.3 STREET ADDRESS</b>			
<b>3.4 CITY-ST-ZIP</b>			
<b>4.1 TITLE</b>			
<b>4.2 NAME</b>			
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<b>5.2 NAME</b>			
<b>5.3 STREET ADDRESS</b>			
<b>5.4 CITY-ST-ZIP</b>			
<b>6.1 TITLE</b>			
<b>6.2 NAME</b>			
<b>6.3 STREET ADDRESS</b>			
<b>6.4 CITY-ST-ZIP</b>			
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b>			
			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
<b>DANIEL POLFER</b>			



CP2E034 (9/96)