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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000047715 (4)

MOXIE TECHNOLOGIES, INC.

Principal Place of Business

125 S WOOPE AVE. STE 104 MAITLAND FL 32751 Mailing Address

125 S WOOPE AVE. STE 104 MAITLAND FL 32751

## FILED Mar 24 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 06/16/1995		of Last Report / <b>1996</b>		
2. Principal Place of Business			2a. Mailing Address		A.	A 10	4. FEI Number			Applied	
1 125 S. Swoope AVE.			26 125 S. SWOOPE AVE.			AUE.	59-3320518			Not Applicable	
Suite, Apt #, etc.  2 STE. /OY City & State 3 MAITLAND FL			Suite, Apt #, etc 27			5. Certificate of Status Desired \$8.75 Add Fee Requi					
							Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees	
20 3275		Country  25 USA	<sub>29</sub> 32751	29 3275 30 USA			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New He	gistered A	gent		
	fer, Danii				101	ivame					
984			82	Street Add	fress (P.O. Box Number is Not Acceptab	ole)			***************************************		
SUIT				83							
ALT/	amonte s	PRINGS FL 32714			63						
					84	City			85	Zip Code	e
					<u> </u>	<u> </u>	poration submits this statement for the p	FL			
SIGNATURE		ferprint dinaise of logics (ed a)		NOTE Register	ed Age		ired when reinstating)	DATE			
12.		OFFICERS AN	ND DIRECTORS DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				
Title	POLECO	DANIEL A	L.J DELETE		TITLE			,	[_] Ch	ruđe F***	.] Addition
NAME		DANIEL A RIDGE RUN, #20-20	ð		NAME						
STREET ADDRESS		NTE SPRINGS FL 32°				ADDRESS					
DOY-SI-791	ST	NIE OFNINOS FL 32	DELETE		CITY - S TITLE	3T - 7IP			Chi	2000	Addition
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STREET ADDRESS		RIDGE RUN, #20-20	A			ADDRESS					
City - \$1 - Zift		NTE SPRINGS FL 32			CITY-	í					
TILL	7,51,47,5		DELETE		TITLE	31-211			Cha	ange [	Addition
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TILLE NAME STREET ADDRESS CALC ST. ZIP FILE			DELETE	3.3.5 3.4. 4.11 4.2 4.3.5 4.4.0 5.11	STREET CHY-E TITLE NAME STAFET CHY-S TITLE	ST-ZIP  ADDRESS			Chi		
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TELE NAME STREET ADDRESS CALY ST ZIP FALE				3.3.5 3.4. 4.11 4.2 4.3.5 4.4.0 5.11 5.2.7	STREET CITY-S TITLE NAME STAFET CITY-S TITLE NAME STREET	ADDRESS it-zip  ADDRESS at-zip					
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4. I do hereby contry 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 (407)740-00