## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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|      |   |   |   |

**DOCUMENT #** 

NAME

STREET ADDRESS

P95000069227 (3)

| MOONLIGHT LANE, INC.        |                 |
|-----------------------------|-----------------|
|                             |                 |
| Principal Place of Business | Mailing Address |

6123 55TH TERRACE, EAST 6123 55TH TERRACE, EAST **BRADENTON FL 34203 BRADENTON FL 34203** 

|   |                  |   |          |               | 3. Date Incorporated or Qualified                       | 3a. Dat            | te of Last Report                 |
|---|------------------|---|----------|---------------|---|--------------------|-----------------------------------|
|   |                  |   |          |               | 08/29/1995  | 10                 | 18                                |
| Principal Place of Business     2a. Mailing Address |                  |   |          | 4. FEI Number | •   | Applied For        |                                   |
| ī   |                  | 26 P.O. Box 20  | 14       | ;7            | 65-0619903  |                    | Not Applicable                    |
| Suite, Apt  | #. etc           | Suite, Apt #, etc.                                    |          |               | 5. Certificate of Status Desired                        |                    | \$8.75 Additional<br>Fee Required |
| City & Stat   | e                | City & State 28 BRADENTON, F                          | <u> </u> |               | Election Campaign Financing     Trust Fund Contribution |                    | \$5.00 May Be<br>Added to Fees    |
| Zıp   | Country          |   | intry    | _             | 8. This corporation has Lability for in                 | tangib <u>le</u> t | ax under s. 199.032,              |
| 4   | 25               | 29 34203 30 L   | 72       | Pr            | Florida Statutes  | Yes                | No                                |
| Name and Address of Current Registered Agent        |                  | 10. Name and Address of New Registered Agent          |          |               |   |                    |                                   |
| SA  | VFFOS, SHIRLEY P |   | 81       | Name          |   |                    |                                   |
| 6123 55TH TERRACE, EAST<br>BRADENTON FL 34203       |                  | 82 Street Address (P.O. Box Number is Not Acceptable) |          |               |   |                    |                                   |
|   |                  | В3  |          | 4             |   |                    |                                   |
|   |                  |   | 84       | City          |   | FL                 | 85 Zip Code                       |

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.

| SIGNATURE       |  |                   |                                |                           |                 |
|-----------------|--|-------------------|--------------------------------|---------------------------|-----------------|
| BIGHTATORE      | Signature, typed or printed name of registered agent and title | appicable (NOTE F | Registered Agent signature rec |                           | DATE            |
| 12.             | OFFICERS AND DIREC   | TORS              | 13.                            | ADDITIONS/CHANGES TO OFFI |                 |
| TITLE           | D  | DELETE            | 1 1 TITLE                      |                           | Change Addition |
| NAME            | SAFFOS, SHIRLEY P  |                   | 1 2 NAME                       |                           |                 |
| STREET ADDRESS  | 6123 55TH TERRACE, EAST  |                   | 13 STREET ADDRESS              |                           |                 |
| CITY-ST-ZIP     | BRADENTON FL 34203   |                   | 1.4 CHY-ST-ZIP                 |                           |                 |
| TITLE           | D  | DELETE            | 2 1 TITLE                      |                           | Change Addition |
| NAME            | SAFFOS, GEORGE L   |                   | 2 2 NAME                       |                           |                 |
| STREET ADDRESS  | 6123 55TH TERRACE, EAST  |                   | 2.3 STREET ADDRESS             |                           |                 |
| CITY - ST - ZIP | BRADENTON FL 34203   |                   | 2 4 CHY - ST-Zif               |                           |                 |
| TITLE           |  | DEFELE            | 3 1 TITLE                      |                           | Change Addition |
| NAME            |  |                   | 3 2 NAME                       |                           |                 |
| STREET ADDRESS  |  |                   | 3 3 STREET ADDRESS             |                           |                 |
| CITY-ST-ZIP     |  |                   | 34 CITY-ST-ZIP                 |                           |                 |
| TITLE           |  | DELETE            | 4.1 TITLE                      |                           | Change Addition |
| NAME            |  |                   | 4 2 NAME                       |                           |                 |
| STREET ADDRESS  |  |                   | 4 3 STREET ADDRESS             |                           |                 |
| CITY-ST-ZIP     |  |                   | 4 4 CITY - ST - 2IF            |                           |                 |
| TITLE           |  | DELETE            | 5 1 TITLE                      |                           | Change Addition |
| NAME            |  |                   | 5 2 NAME                       |                           |                 |
| STREET ADDRESS  |  |                   | 5 3 STREET ADDRESS             |                           |                 |
| CITY-ST-ZIP     |  |                   | 5 4 CHTY - ST - ZIF            |                           |                 |
| TITLE           |  | DELETE            | 6 1 TIFLE                      |                           | Change Addition |

14. I do 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 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 617. Florida Statutes and that the property is floridal for the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

6.2 NAME

OR PRINTED NAMED FROM OR DIRECTOR SHIRLEY P. SAFFOS 6-5-96-755-5719