

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076063 (3)**

1. Corporation Name  
**MOONPENNY, INC.**



Principal Place of Business: **13739 CONWAY COURT HUDSON FL 34667**  
Mailing Address: **13739 CONWAY COURT HUDSON FL 34667**

3. Date Incorporated or Qualified: **10/05/1995**  
3a. Date of Last Report: **10/05/1995**  
4. FEI Number: **59-3339938**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **13739 CONWAY COURT HUDSON FL 34667**  
2a. Mailing Address: **13739 CONWAY COURT HUDSON FL 34667**  
21. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Country: 25. Zip: 29. Country: 30. Zip:

9. Name and Address of Current Registered Agent  
**WISE, DAVID I  
13739 CONWAY COURT  
HUDSON FL 34667**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature (handwritten or printed) of person or registered agent (handwritten or printed) (DATE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
1. TITLE: **DAVID I WISE Pres**  DELETE  
2. NAME:  
3. STREET ADDRESS:  
4. CITY - ST - ZIP:  
5. TITLE:  DELETE  
6. NAME:  
7. STREET ADDRESS:  
8. CITY - ST - ZIP:  
9. TITLE:  DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY - ST - ZIP:  
13. TITLE:  DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: **President**  Change  Addition  
1.2 NAME: **DAVID I WISE**  
1.3 STREET ADDRESS: **13739 CONWAY CT**  
1.4 CITY - ST - ZIP: **HUDSON FL 34667**  
2.1 TITLE: **Secretary**  Change  Addition  
2.2 NAME: **PATRICIA WISE**  
2.3 STREET ADDRESS: **13739 CONWAY CT**  
2.4 CITY - ST - ZIP: **HUDSON, FL 34667**  
3.1 TITLE: **Treasurer**  Change  Addition  
3.2 NAME: **Richard wise**  
3.3 STREET ADDRESS: **13739 CONWAY CT**  
3.4 CITY - ST - ZIP: **HUDSON, FL 34667**  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY - ST - ZIP:

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or prior attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 1996  
Date: \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)