

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90006 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000076063**

1. Corporation Name
MOONPENNY, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1995

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number Applied For
59-3339938 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 owes the current year Intangible Personal Property. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WISE, DAVID I	
STREET ADDRESS	13739 CONWAY CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WISE, PATRICIA	
STREET ADDRESS	13739 CONWAY CT	
CITY-ST-ZIP	HUSON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WISE, RICHARD	
STREET ADDRESS	13739 CONWAY CT	
CITY-ST-ZIP	HUDSON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE: **SIGNATURE REQUIRED** *David Wise* Date **6/30/99** Daytime Phone # **727 868 1169**

CR2E034 (5/99)

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee
Florida 32302-1500

Dave Wise
MoonPenny Inc
13739 Conway Court
Hudson
Florida 34667

tel : 727 868 1169

P95000076063
~~595171-90006-27~~
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30 June 1999

Dear Sir

re : **MoonPenny Inc 2nd notice**

Yesterday I was shocked to receive a second notice from your office. Normally I deal with these notices very promptly. Additionally, I have checked my files and can find no record of the first notice. This could be my error because earlier this year I was struck down with a heart attack. This, with diabetic complications, put me in Bayonet Point Hospital for some considerable time and it took a couple of months thereafter to recover. Of course, I would be prepared to prove this if required.

Having spoken to a somone in your division yesterday, I was advised that this could be considered to be mitigating circumstances and was advised to send in a check, immediately for the original \$150 registration fee, which I have done. Our accountant also suggested you may want to resend the original First Notice, if you require that completed.

I trust that this explanation is satisfacory and I do apologize for any delay on my part which may have occurred.

Yours sincerely,



David Wise

ENCS.,