

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088566 (1)

1. Corporation Name

MOORE HAVEN ENTERPRISE CORPORATION



Principal Place of Business

Mailing Address

1501 US HIGHWAY 17 NORTH
WAUCHULA FL 33873

1501 US HIGHWAY 17 NORTH
WAUCHULA FL 33873

3. Date Incorporated or Qualified
11/17/1995

3a. Date of Last Report

2. Principal Place of Business

Mailing Address

21 MOORE HAVEN ENTERPRISE CORPORATION 1100 U.S. 27 HIGHWAY 65 0619119

Suite, Apt. #, etc

Suite, Apt. #, etc

22 1100 U.S. 27 HIGHWAY

27 PO BOX 929

City & State

City & State

23 MOORE HAVEN FL

28 MOORE HAVEN

Zip

Country

Zip

Country

24 33471

25 FLADES

29 33471

30 FLADES

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature type 1 or print the name of registered agent and then applicable

(Print) Registered Agent's signature required when reappointing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PATEL, KESHAV
STREET ADDRESS 1501 US HIGHWAY 17 NORTH
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE STD
NAME PATEL, DIPAK
STREET ADDRESS 1501 US HIGHWAY 17 NORTH
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE VD
NAME DESAI, KASHYAP
STREET ADDRESS 1501 US HIGHWAY 17 NORTH
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE D
NAME PATEL, PRAKASH
STREET ADDRESS 1501 US HIGHWAY 17 NORTH
CITY-ST-ZIP WAUCHULA FL 33873

☐ DELETE

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

16 CITY-ST-ZIP ☐ 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Prakash Patel

PRAKASH PATEL

6-14-96

6-14-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)