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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091912 (2)

HALF MOON CONSULTANTS, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			1 1001,606 110 10101 01141 00111 0641 00114 001	iim talat iilkiik saidt stàid isat ikket	
951 SE 12 STREET 951 SE 12 STREET POMPANO BEACH FL 33090 POMPANO BEACH FL 33090		33060		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified 12/04/1995		
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For	
Suite, Apt. #, etc	Suite, Apt #, etc.			65-0624771	Not Applicable	
27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Country Zip Country			B. This corporation owes or has paid the		
24 25	29	30		Personal Property Tax due June 30.	Yes No	
g. Name and Address of Current F		1221		10. Name and Address of New Registers		
HUDSON, HENRY A		81	Name			
951 SE 12 STREET POMPANO BEACH FL 33060		82	Street Addi	t Address (P.O. Box Number is Not Acceptable)		
FOMPANO BEACH PL 33000		83				
		84	City		85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 a	and 607.1508, Florida Statul	tes, the above	e-named corp			
Pursuant to the provisions of Sections 607 0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida. Such change was ons of, Section 607.0505, Fl	authorized by orida Statutet	the corporal s.	tion's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent a	and title it applicable (NO)	F Recustered Ace	of signatura regula	red when reinstaling) DATE		
12. OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS A		
TIFLE P	DELETE	1.1 TITLE			Change Addition	
NAME HUDSON, HENRY A.		1.2 NAME				
STREET ADDRESS 951 S.E. 12TH STREET		1.3 STREET	ADDRESS);	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-S	IT-ZIP		li	
iiite VP	☐ DELETE	2.1 TITLE			Change Addition	
NAME HUDSON, SUSAN		2.2 NAME				
STREET ADDRESS 951 S.E. 12TH STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP POMPANO BEACH FL		2 4 CITY-	ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME		3.2 NAME	İ			
STREET ADDRESS		3.3 STREET	ADDRESS		Ì	
CITY-ST-ZIP		3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE	4.1 TIFLE	- 1		☐ Change ☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET				
CITY-SI-ZIP	☐ DELETE	44 CITY - S	T-ZIP		Change Addition	
TITLE	FT DECEIE	5.1 TITLE			The Curatile Theoritou	
NAME		5.2 NAME	.nnness			
STREET ADDRESS		5.3 STREET	1		İ	
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-S 6.1 TITLE	1 · IIP		Change Addition	
NAME		6.2 NAME	j		T comitée T ventini	
STREET ADDRESS			ABDRECO			
		6.3 STREET				
CITY-ST-ZIP		6.4 CITY S		Section 119.07(3)(i), Florida Statutes. I further		

indicated on this annual report or supplimental 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 changes, or on an attachment with an address.