

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 04 1997 8:00am
Secretary of State

DOCUMENT # P95000092507 (9)

1. Corporation Name
MOONDOG VENTURES, INC.



Principal Place of Business

6216 W. CORPORATE OAKS DR.
SUITE 1800
CRYSTAL RIVER FL 34429
US

Mailing Address

6216 CORPORATE OAKS DR.
SUITE 1800
CRYSTAL RIVER FL 34429-8723
US

3. Date Incorporated or Qualified
12/05/1995

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

21 100 N. TAMPA ST

Suite, Apt. #, etc.

22 STE 1800 / P.O.B. 1100

City & State

23 TAMPA, FLORIDA

Zip

24 33601

Country

25 U.S.A.

2a. Mailing Address

26 100 N. TAMPA ST

Suite, Apt. #, etc.

27 STE 1800 / P.O.B. 1100

City & State

28 TAMPA, FLORIDA

Zip

29 33601

Country

30 U.S.A.

4. FEI Number

59-3353794

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

9. Name and Address of Current Registered Agent

ANTHONY, ADAM
6216 W. CORPORATE OAKS DR.
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name

ADAM ANTHONY

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. TAMPA ST.

83

STE 1800 P.O.B. 1100

84 City

TAMPA

FL

85 Zip Code

33601

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 of principal officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME ANTHONY, ADAM V.
STREET ADDRESS 6216 W. CORPORATE OAKS DR.
CITY - ST - ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2829 THOUSAND OAKS BLVD
SAN ANTONIO, TX 78232

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

Adam Anthony

Adam Anthony

2/28/97

210.402.4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0436782

CR2E034 (9/96)