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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042409 (8)

MOO'S, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



7139 TMBER DRIVE 7139 TIMBER DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792			DO NOT WRITE	IN THIS SPACE			
WINIER FARK	FL 92/82	THISTER PARK FL 32/32		3. Date Incorporated or Qualified	I		
					05/10/1996		
2. Principal P	ace of Business	2a. Mailing Address			4, FEI Number	A	pplied For
21 ///	E WASHINGTON ST	26 1110 E WA	SH ING	TOW.	59-3375504	N	ot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
27					6. Certificate of Status Desired	Fee R	equired
City & State CANDO FL 28 CRLANDO F			FL		6. Election Campaign Financing		May Be
23 ORLANDO FL 26 ORLANDO F ZIP3 2801 COUNTRY 25 ORANGE 29 3 28 61 30 COUNTRY			Country		Trust Fund Contribution		to Fees
Zip3 28	101 DANGE	Zip 3 28 61	30 OA	ANG	8. This corporation owes or has pa Personal Property Tax due June		itangible No
24	g, Name and Address of Current F	11			10. Name and Address of New Re		
				Name			
7139 TIMBER DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
WINTER PARK FL 32792			62	62 Street Address (P.O. Box Number is Not Acceptable)			
			83				
:			84	City		85 Zip	Code
				Ony		FL S	5040
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, typed or printed name of registered agost a OF FICERS AND E			ant signature	required when reinstating)	DATE DIRECTOR	00.451.40
12.	VSD OFFICERS AND E	DELETE	13. 1.1 HILE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	HOLMAN, WILLIAM M	□ occ.,	1.2 NAME			ondige	
STREET ADDRESS	1110 E. WASHINGTON ST.		1.3 STREET	. VUUDEGG			
CITY-ST-ZIP	ORLANDO FL 32801		1.4 City - S				
TITLE		DELETE	2.1 TITLE	/1 · E/I		Change	☐ Addition
NAME			2.2 NAME				· ·
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-7IP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME .			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	5.1 THILE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5.4 CITY - S	ST-ZIP			L dation -
TITLE		□ DELE TE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY - S	T-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 advantage of the corporation of the receiver of the corporation of 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 advantage of the corporation of the corporation