SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045441 (8)

MOSKOWITZ CAPITAL CONSULTING, INC.

FILED Aug 15 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		1 ABBLIDGE SIN JOHN DUGU BARIK ADIIN S	hanny manta myana manya membah mihany isan dami
251 ROYAL PALM WAY PALM BEACH FL 251 ROYAL PALM WAY PALM BEACH FL				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
Į.				05/29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 0/6	Drogo way	26 de 01000	way	65-067303	Not Applicable
Sulfe, Apt. 22 50/	Je 767	Suite, Apt. #, etc. 27 Suite 76	2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 /Yeu	YORK, NY	28 New 40	rk, NG	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 /000	04 25 USA	28 /0004 31	o U.SA	This corporation owes or has p Personal Property Tax due Jun Name and Address of New R	⇒ 30. 👿 Yes 🔲 No
					egistered Agent
OS4 BOVAL BALM WAY				MITURE III, SCHRE	200
	LM BEACH FL		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
. 7.			83	XI I.G.II. DIVO	O'FC O'F
"			84 Cily		les Zio Codo
			84 City	hIn Beach (Garde)	2(FL 33 4/8
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 harne of registered agent and tello if applicable (NOTE Registered Agent signature required when reinscating) DATE On the control of the control o					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	☐ DELETE	1.1 TITLE	President	Change
NAME	MOSKOWITZ, SANDRA		1.2 NAME	SANDRA M. SC	ARANO
STREET ADDRESS	251 ROYAL PALM WAY		1.3 STREET ADDRESS	4521 P.G.A. Blud.	, 5te, 244
CITY-ST-ZIP	PALM BEACH FL	T priest	1.4 CITY-ST-ZIP	Palm beach Garden	5, 12 33418
TITLE		☐ DELETE	2 1 TITLE		Change L Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	2, 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-SI-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	•	DELETE	61 TITLE	_	Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filling 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.

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