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 # P96000048834 (1)

Country

9. Name and Address of Current Registered Agent

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3118 GULF-TO-BAY BLVD

CLEARWATER FL 34619

MORA SALES CORPORATION

Principal Place of Business 3832 PENINSULAR DRIVE LAND O'LAKES FL 34639

2. Principal Place of Business

FRY, RAY D

SUITE 333

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

2n. Mailing Address

City & State

2ıp

Suite, Apt. #, etc.

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3932 PENINSULAR DRIVE LAND O'LAKES FL 34639

FILED Apr 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1996 4. FEI Number Applied For 59-3379808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

85

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

Zip Code 33759 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

Country

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City

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| agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
|---|--|----------|---------------------------|----------------------------------|-------------|-------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and little if applicable. | (NOTE: A | egistered Agent signature | required when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AT | ND DIRECTOR | S IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | P/D | Change | Addition |
| NAME | MORA, EDWIN M | | 1.2 NAME | · | | |
| STREET ADDRESS | 39 32 PENINSULAR DRIVE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAND O'LAKES FL 34639 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 2.1 TITLE | S/T/D | Change | X Addition |
| NAME | | | 2.2 NAME | MORA, FRANCES V | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 3932 PENNINSULAR DRIV | E | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | LAND O'LAKES 34639 | | |
| TITLE | | DELETE | 3.1 TITLE | | Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-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 | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| PITY-ST. 7ID | | | SACITY ST. 7ID | | | |

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 attachment with an address.