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

· PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076100

JOEL S. MOSS, P.A.

							+	- 		
Principal Place of Business Mailing Address										
47 W NEW HAVEN AVENUE 47 W NEW HAVEN AVENUE								•		
*****				ITE 200				DO NOT WRITE IN THIS SPACE		
MELBOURNE FL 32901 MELBOURNE FL 32901								3. Date Incorporated or Qualified		
								09/11/1996		
2. Principal I	Place of Russi	inges	2a	. Mailing Address			-	4. FEI Number Applied	d For	
21				26					plicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Addit		
22				27				5. Certificate of Status Desired Fee Require		
City & State				City & State				6. Election Campaign Financing \$5.00 May	. Bo	
23			28	28				Trust Fund Contribution Added to Fe		
Zip Country			1201	Zip Country				8. This corporation owes the current year Intangible		
24	25			30			Personal Property Tax.	Vo		
24	9. Name	e and Address of Curre		stered Agent	1001		Lancist .	10. Name and Address of New Registered Agent		
						81	Name			
MOSS, JOEL S							D4	an /D.O. Day Number in Net Apparent		
47	W NEW HA	VEN AVENUE		·		82	Street Addre	ss (P.O. Box Number is Not Acceptable)	.	
SUI	ITE 200					83			4,111	
ME	LBOURNE I	FL 32901							1	
•						84	City	FL 85 Zip Code	e`	
41 Purcuos	t to the provi	sions of Sections 607 05	O2 and 6	INT 1508 Florida Stati	ites the a	2016	unamed corno	ration submits this statement for the purpose of changing its regi	istered	
office or	registered a	gent, or both, in the State	e of Florid	da. Such change was i	authorized	by 1	the corporation	n's board of directors. I hereby accept the appointment as registe	ered	
agent. I	am familiar w	vith, and accept the oblig	ations of	, Section 607.0505, FI	orida Stat	ıtes.				
SIGNATURE	<u> </u>	4		4	T. Danistana	A	signature required	when reinstation) - DATE		
12.	Signature, type	d or printed name of registered ag OFFICERS A			13.	Agent	signatore required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
									IN 12 1	
	PSTD				_	1F			Addition	
TITLE	PSTD			DELETE	1.1 Π					
TITLE NAME	MOSS, J	IOEL S		☐ DELETE	1.1 TT 1.2 N/	ME	ADDRESS			
TITLE NAME STREET ADDRESS	MOSS, J s 47 W NE	IOEL S EW HAVEN AVENUE S		☐ DELETE	1.1 TT 1.2 NV 1.3 ST	ME REET	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSS, J s 47 W NE	IOEL S		DELETE	1.1 TI 1.2 NJ 1.3 ST 1.4 CI	ME REET IY-ST		☐ Change ☐	Addition	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90064 027 ***150.00