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

DOCUMENT # P9600080906 (6)

FILED Apr 10 1997 8:00am Secretary of State

MOBY G	GRAPE, INC.	Mailing Address 247 NORTH COLLIER 81	······································			11		
SUITE 202 MARCO ISLAN	D FL 34145	SUITE 202 MARCO ISLAND FL 3414	45-3015		Date Incorporated or Qualified One Control of	3s. Date of	Last Repor	r 1
2. Principal P	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	09/30/1996 4. FEI Number		Applied	d For
21 1029	1029 N. Collier Blvd 26			···	65-0698172			plicable
Suite, Apl	Some, Apr. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,			3.032,
<u>24</u> 39	9 Name and Address of Current	29 Begistered Agent	30	·	Florida Statutes 10. Name and Address of New Re	Yes No		
MOI	RRIS, WILLIAM G	Hogietoren Ageilt	81	Name	1At 11mile mile Lichton At 1104 Li	S-AIR- NR LIA	<u></u>	
247	NORTH COLLIER BLVD.		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
SUITE 202								
MAF	RCO ISLAND FL 34145		83	<u>'</u>				
			84	City		FL 85	Zip Code	9
agent. I a	to the provisions of Sections 607.0502 registored agent, or both, in the State c am familiar with, and accept the obligat	and 607.1508, Florida Stal If Florida, Such change wa ions of, Section 607.0505,	tutes, the above s authorized b Florida Statute	ve-named cor by the corpora as.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of char pt the appointm	nging its reg ient as regi	gistered stered
SIGNATURE	Signature, typind or profed name of registered agent	and tille Lappicable. (N	IOTE: Registered A	gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI			12 Addition
TITLE NAME	D Hobrock, Heather A	T"] ACTOIC	ETE 1.1 TITLE 1.2 NAME			۱ لیبا	mende ""	1 Monitori
STREET ADDRESS	730 MILAN COURT			T ADDRESS				
CITY+ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-	ST-ZIP				
THE	711 W. ELKCAM	CIRCLE DELETE	2.1 TITLE	Į		LIC	Change	Addition
NAME STREET ADDRESS	#113		2.2 NAME	1 ADDRESS				
CHY-SI-ZiP	110		2 4 City	1				
TATLE		DELETE	31 TITLE		<u> </u>		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY ST ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			TI (Change	Addition
NAME			4. 2 NAM	1		· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS				ET ADDRESS				
CITY - S1 - ZIF			4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	1			Change 🗀	Addition
NAME			52 NAME	i i				
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIF		☐ DELETE		ST-ZIP			Change [Addition
TITLE NAME		L.J Deceik	6.1 TITLE 6.2 NAME	1		٠ ،	mango L.	a result (ii)
STREET ADDRESS			4	ET ADDRESS				
City-St-7IP			6.4 CITY	!				
	by certify that the information supplied	with this filing does not gu			ed in Section 119.07(3)(i), Florida Statut	es. I further cert	ify that the	

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 807, Florida Statutes; and that my name appears in Block 12 or Ellipck 13 if changed, or on an attachment with an address.

SIGNATURE: Slathus Hobrock 13 in changed, or on an attachment with an address.

941 – 394 -8361

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