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 # P96000087224 (7)

BLUE MOON BUSINESS VENTURES, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 (45)4641 150 150 150 150 150 150 150 150 150 15			()) B301 5001	
8061 SOFFEL DRIVE BROOKSVILLE FL 34602		P O BOX 474 BROOKSVILLE FL 3460	P O BOX 474 BROOKSVILLE FL 34805			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 10/21/1996		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	- Ar	optied For
21		26	26			59-3407604	· -	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27				a. Certificate of Status Desired	Fee Re	equired
City & Stat	9	City & State	├ ─┐			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Cou	ntry	·····	8. This corporation owes or has paid the c	urrent year Inf	langible
24	25	29	30] No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	J Agent	
KACZMARSKI, CATHERINE A				81	Name			ļ
	1 SOFFEL DRIVE		82 5		Street Addre	ss (P.O. Box Number is Not Acceptable)		
BR	OOKSVILLE FL 34602		ŀ	83				
				84	City	F	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida Such change was authorized by						ration submits this statement for the purpose	of changing it	ls registered registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					nt signature required	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D		1.1 111	1.1 TITLE			Change	Addition
NAME	KACZMARSKI, CATHERINE	A	1.2 NA	ME				
STREET ADDRESS 6081 SOFFEL DRIVE					ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34602	DELETE	1.4 CiTY-ST-ZIP		1-ZIP		Observe	I delica
TITLE				2 1 TITLE 2.2 NAME			L Change	Addition 1
NAME Street address			1		ADDRESS			
CITY-ST-ZIP			2.4 CITY		ŀ	·		
TITLE		DELETE			or- Zu		Change	Addition
NAME			3.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	34		3 4. CI	1Y - S'	T-ZIP			
TITLE	L DELETE 4		4.1 TIT	4.1 TITLE			Change	Addition
NAME			4. 2 N/	AME				
STREET ADDRESS			4.3 ST	REET /	ADDRESS			
CITY-ST-ZIP			Y - ST	r-ZIP				
TITLE		☐ DELETE	5.1 TIT				☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 011		1 - ZIP		06	A decident
TITLE		☐ DELETE	6.1 111				Change	Addition
NAME			6.2 NA					
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-SI	1-ZIP			

14. Thereby 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.