PROFIT CORPORATION ANNUAL REPORT

1999



LORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097031

1. Corporation Name

MOON-GLO, INC.

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90067 009 ***150.00



Principal Place of Business Mailing Address							1 (06)(00) (30 (6)(0 6)(1) 60(ı 46 kii 49 lii 68 il	V 16113 14811 4VIU) (14 1 14 14 14 14 14 14
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ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704							DO NOT WRITE IN THIS SPACE			
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							11/25/1996			
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					59-3411662			t Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22	·	27	0'1- 9 01-1-					 -	Fee Re	
City & Stat	itė.		City & State				6. Election Campaign Financi Trust Fund Contribution	ig 🗅	\$5.00 Added	
Zip	Country	28	Zip	Cou	ntry		8. This corporation owes the	urrent vear li		
24	25	29	· .	30	•		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre						10. Name and Address of Ne	w Registered	d Agent	
					81	Name				
	KE, KAREN A				82	Street A	dress (P.O. Box Number is Not Acc	eptable)		_
	- 21 AVE. N.E.			ļ			· 			
SI.	PETERSBURG FL 33704				83					
·	• 1				84	City		F	85 Zip	Code
	t to the provisions of Sections 607.05						ti this statement for	•	-	registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Floric	fa. Such change was au	Jthorized	i bv i	the corpora	ation's board of directors. I hereby ac	cept the app	omument as re	gistered
office or agent. I a SIGNATURE	am familiar with, and accept the oblig	e of Floric pations of, pent and title	da. Such change was at , Section 607.0505, Flor	ithorized ida Statu	i by t utes.	the corpora	uired when reinstating) ADDITIONS/CHANGES TO	DATE		
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CITY-ST-ZIP 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 ith an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS