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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000102015 (0)

MOONLIGHT EXPRESS, INC.

Principal Place of Business Mailing Address
710 N OCEAN BLYD #1102 710 N OCEAN BLYD #1102
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-4804

FILED
May 12 1997 8:00am
Secretary of State



POMPANO BEACH FL 33062		POMPANO BEACH FL 33062-4804						
					3. Date Incorporated or Qualified 12/16/1996	3a. Date of Last F	Report	
· ·	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	polied For	
Suite, Apt	# etc	26 III N. YomPA	26 III N. POMPANO BEACH BLVD Suite, Apt. #, etc.				ot Applicable	
22	n, 0,177.	27 # 409			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State	()	City of Chata	City & Chata			6. Election Campaign Financing \$5.00 May Be		
23 Country		28 TOMFANO C	28 HOMFANO BEACH, FL		Trust Fund Contribution			
24	25	29 53042	COUM	DWAR!	This corporation has liability for in Florida Statutes	intangible tax under s Yes X No	s. 199 .032,	
[24]	9. Name and Address of Cur		1301227	UWNE	10. Name and Address of New Re			
	HTOLD, RENEE		8-	Name				
710 N OCEAN BLVD #1102			8:	Street Address (P.O. Box Number is Not Acceptable)				
POM	PANO BEACH FL 33062		-					
			83					
			84	City		FL 85 Zip	Code	
onice or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was i	authorized t	v the corpor	proporation submits this statement for the pration's board of directors. I hereby accept	urnee of changing i	ts registered registered	
SIGNATURE						*****		
12.	Stipulare, typed or prictio name of registered OFFICERS A	AND DIRECTORS	13.	ent signature req	julred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	RS IN 12	
1:111	D	☐ DELETE	1.1 TITLE	<u> </u>	NODATIONO, OF INTEGER TO OFFICE	Change	Addition	
NAME	BECHTOLD, JOHN G		1 2 NAME					
STREET ADDRESS	710 N OCEAN BLVD #1102		1.3 STREE	T ADDRESS			}	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY	ST - 21P				
1111	DELETE DELETE		2 1 TITLE			☐ Change	Addition C	
NAME Attack Laterbrace	BECHTOLD, RENEE 710 N OCEAN BLVD #1102		2.2 NAME					
STREET ADORESS Offy: 51-Zip	POMPANO BEACH FL 33062	1		T ADDRESS		er ,		
TITLE	DELETE			2 4 CITY - ST - ZIP		Change	Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREE	T ADDRESS				
CITY-ST ZIF			3.4. CITY	ST-ZIP				
THILE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM					
SIBSET ADDRESS			4.3 STREE	T ADDRESS				
CITY ST-ZIP		T DELETE	4.4 CITY	ST-ZIP			4.119	
TITLE NAME		☐ DELETE	5.1 TITLE			Change	Addition	
NAME STREET ADDRESS			5.2 NAME	T ADDOCCC				
CITY+ST-ZIP				T ADDRESS	•			
TILE		DELETE	5.4 City - 6.1 Title	01-711		Change	Addition	
NAME		the state of the s	6.2 NAME			- Vitaligo		
SIPEET ADDRESS				T ADDRESS				
OTY \$1-201			6.4 CITY					

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

SIGNATURE:

BULLE SILVER OF SIGNING OFFICER OF DIRECTOR

3/3/97 954-946-482 Date Daytime Phone # 0002170