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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017290 (2)

MICHAEL S. MORAN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



1521 S CRYSTAL LAKE DR ORLANDO FL 32806		1521 S CRYSTAL LAKE DR ORLANDO FL 32806		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1997	
2 Principal Pl	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
	Herost 1 actua	26 3218 Nouro,: 11 Pr			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 OV (A		28 0 0000	عر	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 2 8	306 Country USA	[Country OSA	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent 81 Name		
MOTAN, MICHAEL S					
1521 S CRYSTAL LAKE DR ORLANDO FL 32806				Address (P.O. Box Number is Not Acceptable) 218 (Jarys) N DN W	۹
			84 City	orando F	
office or re	to the provisions of Sections 607.0500 ogistored agent, or both, in the Stale in familiar with, and accept the obliga	of Florida, Such channe was at	ithorized by the corn	corporation submits this statement for the purpose oration's board of directors. I hereby accept the e	ippointment as registered
SIGNATURE	Stockhole bleet or probability of projectory (pro	W/Mu -	Registered Agent signature	3-12-9 required whon reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	MORAN, MICHAEL S		1.2 NAME	and themall on	\
STREET ADDRESS	1521 S CRYSTAL LAKE DR ORLANDO FL 32806		1.3 STREET ADDRESS	3218 Havey 1 Dri	26
CITY-S1-ZIP TITLE	UNDANDO PL 32808	DELETE	1.4 City - ST - ZiP 2.1 Title	Of cute IC SZZ	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
TITLE		DELFTE	3 1 THTLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST - ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
TITLE		L. J MICH	5 1 111LE 5 2 NAME		
NAME PERCET ADDRESS			5 2 NAME 5 3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DILETE	61 TITLE		Change Addition
NAME		• • •	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY-ST-ZIP		
	4 				

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 arisingly report or supplemental arisingly report in 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.

3-12-98 (40)894-8688