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 # P97000017428 (8)

MOORE MOBILE, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
2400 FEATHER SOUND DRIVE #1023		2400 FEATHER SOUND DRIVE #1023]	
CLEARWATER FL 04622-		CLEARWATER FL 34622				
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					02/25/1997	
	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21 ZIPCHANGE ONLY -33762 26 ZIP CHANCE			WL4-33762		2 39+3424/63 Not Applicable	
Suite, Apt.	. #, efc.	Suite, Apt. #, etc.	<i>I</i>	ン	5. Certificate of Status Desired \$8.75 Additional	
22 City & Stat		City & State	/		Fee Required	
23	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	7 _{(P}	Countr	У	8. This corporation owes or has paid the current lear Intangible	
24	25	29 2	0		Personal Property Tax due June 30. Le Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
MEDMANNY, PAREN				Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 84822" 33742			L			
	52.4.	_	83			
			84	City	FL 85 Zip Code	
44 Pureuant	to the provisions of Sections 607.0509	and 607 1508. Elorida Statutos	the abov	lo named		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELET E	1.1 TITLE	57	KANN A. NEUN ANN Change Addition	
NAME			1.2 NAME	1 1 1	ILICE PASSIDENT, SIC & THASUME.	
STREET ADDRESS			1.3 STREE	T ADDRESS	2400 FRANKE Sound Drive #1028	
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	CUANWATH Fx. 38762	
TITLE		☐ DELETE	21 TITLE		Pars > Dange Addition	
NAME			2.2 NAME		MICHAN TIMEONE . 11.	
STREET ADDRESS			2.3 STREE	T ADDRESS	Jess Porting Steels Source	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	Clynnery FR 33762	
TITLE		☐ DELETE	31 THLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			i	T ADDRESS		
CITY-ST-ZIP		T DELETE	3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
City-ST-ZIP Title		DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP	Change Addition	
NAME		LJ DELLIL	5.2 NAME		Change L. Addition	
				T ADDDERE		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	51-ZIP	Change Addition	
NAME		En Officia	62 NAME		, croming Addition	
STREET ADDRESS		1		f Anneceo		
1			ľ	T ADDRESS		
CITY-ST-ZIP	<u></u>		6.4 CITY-	51-21P		

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 Block 12 or Block 13 if changed, or on an attachment with an address.

4/10/00 (812)57