


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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000017910 (5)

1. Corporation Name  
OVER THE MOON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O AMY SCHWARTZBARD 925 OLD FEDERAL HIGHWAY HALLANDALE FL 33009	Mailing Address C/O AMY SCHWARTZBARD 925 OLD FEDERAL HIGHWAY HALLANDALE FL 33009
---	---

3. Date Incorporated or Qualified  
02/26/1997

2. Principal Place of Business 21 2036 HARRISON ST. Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FL Zip 24 33020 Country 25 USA	2a. Mailing Address 26 21150 POINT PL. Suite, Apt. #, etc. 27 2403 City & State 28 AVENTURA, FL Zip 29 33180 Country 30 USA
---	--

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent EDE ALOISE, DENISE P.A. 11077 BISCAYNE BLVD. PH MIAMI FL 33161	
---	--

10. Name and Address of New Registered Agent	
81 Name	MARVIN SCHWARTZBARD
82 Street Address (P.O. Box Number is Not Acceptable)	21150 POINT PLACE
83	APT 2403
84 City	AVENTURA, FL
85 Zip Code	33180

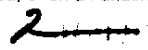
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  MARVIN SCHWARTZBARD DATE 4/29/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SCHWARTZBARD, AMY
STREET ADDRESS	925 OLD FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D
NAME	MARVIN SCHWARTZBARD
STREET ADDRESS	21150 POINT PL. APT 2403
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2036 HARRISON ST.
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  MARVIN SCHWARTZBARD 4/29/98 204-922-2000

CR2E034 (10/97)