## 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 # **P97000058100 (3)** 

JOHN J. MOUSA & ASSOCIATES, INC. Mailing Address Principal Place of Business 915 NW 45TH TERRACE 915 NW 45TH TERRACE GAINESVILLE FL 32605 GAINESVILLE FL 32805 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/01/1997</u> 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 24 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOURA, JOHN J Spelling incorrect 915 NW 45TH TERRACE 82 **GAINESVILLE FL 32605** 83 84 32605 GAINESVILLE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE President 1.2 NAME NAME John J. Mousa 915 NW 45th Terrace STREET ADDRESS 1.3 STREET ADDRESS Gainebuille, FL 32605 1.4 CITY - ST - 7IP CITY-ST-ZIP Change X Addition DELETE 2.1 TITLE Secretary / Treasurer TITLE Joanne & Mousa 2.2 NAME NAME 915 NW 45th Terrace STREET ADDRESS 2.3 STREET ADDRESS Gainesville, FL 32605 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DFLETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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 13 if chapped or on an albectment with an address.

ed, or on an attachment with an address.

CR2E034 (10

FILED

Jan 27 1998 8:00am

Secretary of State