SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061364 1. Corporation Name

JACK RABBIT MOON, INC.

Principal Place of Business

Mailing Address

414 NF 4TH ST

414 NE 4TH ST.

FILED Jul 21, 1999 8:00 am Secretary of State 07-21-1999 90015 015 ***550.00

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FT. LAUDERD		FT. LAUDERDALE FL 33301			DO NOT WRITE IN THE	C CDACE	
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified		
A D: : 10		A M-11- A M			07/15/1997 4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address	LAVE	1		Not Applicable	
21 10 1 20 171 20 10 10			1/1/2		65-0770851	\$8.75 Additional	
Suite, Apt. 1	·	Suite, Apt. #, etc.	. با سىدىكىنگ		_5Certificate of Status Desired	Fee Required	
City & State		City & State	00.0	1 t./	6. Election Campaign Financing	\$5.00 May Be	
23 Dell	rey bears, n	20 10 0 1 1 1	ear	, FL	Trust Fund Contribution	Added to Fees	
ー ^{Zip} ススと	Le3 Country	¬ ^{Zip} 22 40 2 -	Country 0 U.	SA	8. This corporation owes the current year	☐ Yes No	
24 30 76 25 US 76 29 30 76 30 US 75 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	5. Name and Address of Current N	egistoreu Agent	81	Name / //	ndo Mc Tetremo		
MC	INTYRE, LINDA		-	Linua M-sarigie			
	98 S.E. 6TH AVE				2 Street Address (P.S. Box Number is Not Acceptable) # /		
#1	#1			83 Dalray Reach			
DEL	RAY BEACH FL 33483		84	14 City - 85 Zip Code 2			
					<u> </u>		
11. Pursuant	to the provisions of sections 607.0502 an	id 607.1508, Florida Statutes,	the above-	named corpora the corporation	ation submits this statement for the purpose of a	changing its registered ointment as registered	
agent. I a	im familiar with, and accept the obligation	s of section 607.0505, Florid	la Statutes	i.	nion submits this statement for the purpose of n's board of directors. I hereby accept the app		
SIGNATURE	unal/hor	up					
	Signature, typed or printed name of registered agent and			gent signature require		ND DIDECTORS IN 12	
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	DELETE	1.1 TITLE			Change Addition	
NAME	MCINTYRE, AMANDA		1.2 NAME				
STREET ADDRESS	98 S.E. 6TH AVE, #1		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CI		-ZIP			
TITLE	VP	DELETE	2.1 TITLE			Change Addition	
NAME	MCINTRYE, MARGARET		2.2 NAME				
STREET ADDRESS	98 S.E. 6TH AVE., #1		2.3 STREET	ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	****	2.4 CITY-ST	-ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE			Change Addition	
NAME	MCINTYRE, LINDA		3.2 NAME	1			
STREET ADDRESS	98 S.E. 6TH AVE, #		3.3 STREET	ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4 CITY-ST	-ZIP			
TITLE		DELETE	4.1 TITLE	İ		Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S1	-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME	\$- · ·		6.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	\sim		6.4 CITY-ST	r-ZIP			
14 I boroby or	ertify that the information supplied with thi	s filing does not qualify for the	exemption	stated in section	on 119.07(3)(i), Florida Statutes. I further certif	y 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 changes, or on an attachi	nent with an address.			1-1-		
CICNAT	UDE. XISSON			•	7/15/99	·	
SIGNAT	URC: VICATIOE AND TYPED OF DE	NTED NAME OF SIGNING OFFICER OF	DIRECTOR		Date	Daytime Phone #	