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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # LUNAR, INC.

P97000071168 (3)

FILED May 18 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			, 100,1007 110 12111 10017 0017 0017 0017 0017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PO BOX 817022 PO BOX 817022 HOLLYWOOD FL 33081 HOLLYWOOD FL 33081							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					08/18/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21 6572 PEMBROKE Rd. 26 P.O. BOX 81			7022		/ / ~ M	t Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.					\$8.75	Additional	
27					5. Certificate of Status Desired Fee Re	equired	
City & State City & State			FL		Election Campaign Financing \$5.00	May Be	
23 MIRAMAR FL. 28 Hollywa			<u> </u>		Trust Fund Contribution	to Fees	
Zip Country Zip			Country 8. This corporation owes or has paid the current year Intangible				
24 330	<u>25</u> 25 9. Name and Address of Current	1 - 1	30		Personal Property Tax due June 30. L. Yes L. 10. Name and Address of New Registered Agent	_ No	
		Registered Agent	81	Name	10. Name and Address of New Registered Agent		
JOSEPH K. NOFIL, C.P.A., P.A.				N/A			
3284 NORTH STATE ROAD 7				82 Street Address (P.O. Box Number is Not Acceptable)			
U	AUDERDALE LAKES FL 33319		83	 			
				<u> </u>			
			84	City	FL 85 Zip	Code	
44 Durement	to the province of Sections 607 0503	and 607 1508 Florida Statutos	the above	e-named co	corporation submits this statement for the purpose of changing it	e registered	
office or re	ogistered agent, or both, in the State of	of Florida, Such change was au	ilhorized b	y the corpo	oration's board of directors. I hereby accept the appointment as	registered	
agent. I ar	m familia) with, and accept the obliga	lions of, Section 607,0505, Flori	ida Statute	S.			
SIGNATURE	Signature: Typic dioripmote dinamic of registered agric	Cand Mic Latrolicable INOTE	Rogistered Ag	ont signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12	
TITLE	PTSD	DELETE	1.1 TITLE		Change	Addition	
NAME	VARGAS, GLORIA EUGENIA	L	1.2 NAME		* 1 *		
STREET ADDRESS	PO BOX 817022 N/A		1.3 STREE	ADDRESS	N/A		
CITY-ST-ZIP	HOLLYWOOD FL 33081		1.4 CITY-5	ST-ZIP	• • • • • • • • • • • • • • • • • • • •		
TITLE	(DELETE	2.1 TITLE		☐ Change	Addition	
NAME	43/3		2.2 NAME		1)/2		
STREET ADDRESS	N/H		2.3 STREE	ADDRESS	\sim / H		
CITY-ST-ZIP	<u> </u>		2 4 CHY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	1	∐ Change	Addition	
NAME	11/2		3.2 NAME		11/1		
STREET ADDRESS	\mathcal{N}/\mathcal{D}		3.3 STREE	ADDHESS	N/A		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		L_J DELETE	4.1 TITLE		Change	Addition	
NAME	11/.		4. 2 NAME		h)/2		
STREET ADDRESS	\mathcal{N}/\mathcal{A}		4.3 STREE	ADDRESS	1×1H		
CITY-ST-ZIP		□ becete	4.4 CITY-5	ST - 7IP	T ^		
TITLE		L DELETE	5.1 TITLE		Li Change	☐ Addition	
NAME	13/4		5.2 NAME		1/2		
STREET ADDRESS	\mathcal{N}/\mathcal{A}		5.3 STREE		$\mathcal{N}IH$		
CITY-ST-ZIP		Drifts	5.4 CITY-3	SI - ZIP	T Chann	Additon	
TITLE	c c	L DELETE	6.1 TITLE		☐ Change	Addition	
NAME	1)/1		6.2 NAME		A) /A		
STREET ADDRESS	NH		6.3 STREE		NA		
CITY-ST-ZIP	A STATE OF THE STA	It this films door not suplify for	6.4 CITY-S		in Soction 119.07(3)(i), Florida Statutes. I further certify that the	information	
indicated	on this annual report or supplemental	annual report is true and accur	rate and th	at my signa	ature shall have the same legal effect as if made under oath; that	at Lam an	
officer or of Block 12 o	director of the corporation or the recei or Block 13 if changed, or on an attac	ver or trustee emp owered to ex himent with an address.	ecute this	report as re	equired by Chapter 607, Florida Statutes; and that my name ap	pears in	

1 21.98