

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90031 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072908

1. Corporation Name  
MOON CYCLE, INC.



Principal Place of Business 5781 MARBLEWOOD CT JUPITER FL 33458	Mailing Address 5781 MARBLEWOOD CT JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 121 Springwater Dr. Suite, Apt. #, etc. 22 City & State 23 Jupiter, FL Zip 24 33458 Country 25 USA	2a. Mailing Address 26 121 Springwater Dr. Suite, Apt. #, etc. 27 City & State 28 Jupiter, FL Zip 29 33458 Country 30 USA
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3. Date Incorporated or Qualified 08/21/1997	4. FEI Number 65-0777056	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SHASKE, ANGELA  
5781 MARBLEWOOD CT  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Angela Matalon	85 Zip Code 33458
82 Street Address (P.O. Box Number is Not Acceptable) 121 Springwater Drive	
83	
84 City Jupiter	FL

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.

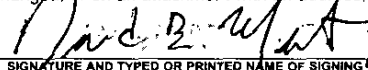
(NOTE: Registered Agent signature required when reinstating)

1/3/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATALON, DAVID	1.2 NAME	
STREET ADDRESS	5781 MARBLEWOOD CT	1.3 STREET ADDRESS	121 Springwater Drive
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASKE, ANGELA	2.2 NAME	
STREET ADDRESS	5781 MARBLEWOOD CT	2.3 STREET ADDRESS	121 Springwater Drive
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

 DAVID E. MATALON, Pres. 1/3/99 561-747-0149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)