PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089180

1. Corporation Name

MOONWALK AND COMPANY, INC.

Principal Place of Business

1267 SW PATRICIA AVE.

Mailing Address

1267 SW PATRICIA AVE.

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90956 042 ***150.00



PORT ST. LUCIE FL 34953		PORT ST. LUCIE FL 34953		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/16/1997		•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
. ! !		26		65-0789414		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired [Additional Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country 25	Zip Co	untry	This corporation owes the current Personal Property Tax.	t year Intangible	□No
ı	9. Name and Address of Current	 		10. Name and Address of New Reg	istered Agent	
	••	5	81 Name			
BETS	SCHA, CAROL					
1267	' SW PATRICIA AVE.		82 Street Addre	2 Street Address (P.O. Box Number is Not Acceptable)		
POR	T ST. LUCIE FL 34953		83			
	•				·	
			84 City	,	FL 85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was authorize	d by the corporatio	oration submits this statement for the punis board of directors. I hereby accept the	rpose of changing it ne appointment as	ts registered. registered
IGNATURE						
	Signature, typed or printed name of registered agent		d Agent signature required		DATE	
2.	OFFICERS AND			ADDITIONS/CHANGES TO OFFIC		
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WE }	BETSCHA, CAROL	1.2 N	IAME			
REET ADDRESS	1267 SW PATRICIA AVE.	1,3 5	TREET ADDRESS			
TY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP			
re j	VP	☐ DELETE 2.1 T	TTLE		☐ Change	Addition
AME	BETSCHA, GEORGE	2.2 N	IAME			
TREET ADDRESS	1267 SW PATRICIA AVE.	2.3 S	TREET ADDRESS	· .		
TY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP			
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	The same of the same	☐ DELETE 6.1 T	ITLE		☐ Change	Addition
	基本企业的	6.2 N	AME			
REET ADDRESS	200 - 10 May 2	6.3 S	TREET ADDRESS			
TY-ST-ZIP		6.4 0	TTY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR