## 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 #** 

P97000093248 (7)

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Country

524 CHANNER DRIVE CHANNEL DRIVE

9. Name and Address of Current Registered Agent

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FISHBACK, CAROL LYNN

**TAMPA FL 33606** 

2a. Mailing Address

City & State

 $Z_{\rm I}p$ 

Suite, Apt. #, etc.

MOONRAY, INC.

2. Principal Place of Business

City & State

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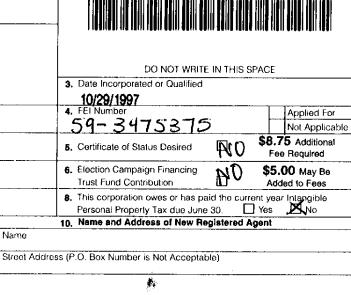
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Zip

Principal Place of Business	Mailing Address
3808 WEST NEPTUNE STREET TAMPA FL 33629	3808 WEST NEPTUNE STREET TAMPA FL 33629
•	

**FILED** Feb 09 1998 8:00am Secretary of State



83 84 City 85 Zip Code 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** (NOTE Registered Agent sign ature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Carol L. Fishback, Ph. D. 1.1 TITLE Change Addition President 1.2 NAME 524 Channel Drive REET ADORESS 1.3 STHEFT ADDRESS Tampa, FL 33606 CITY-ST-ZIP 1.4 CHY-ST-ZIP Thomas Murray DELETE ITLE 21 THLE Change Addition Vice President AMF 22 NAME 524 Channel Drive T ADDRESS 2.3 STREET ADDRESS Tampa FL 33404 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME REET ADDRESS 3.3 STREET ADDRESS ČITY-ŠT-ZIP 3.4. CITY - ST - 7/P DELETE TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition MAME 6.2 NAME EET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

Country

81 Name

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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.

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